

**FISCAL YEAR 2003**

**EOHHS**

**PURCHASE OF SERVICE**

**REQUALIFICATION**

**PART TWO:**

**PROGRAMMATIC ACCESS**

**AND**

**AFFIRMATIVE ACTION/EQUAL OPPORTUNITY**

**SUBMISSION REQUIREMENTS**



***Revised January, 2002***

**COMMONWEALTH OF MASSACHUSETTS**  
**EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES**

**Jane Swift**  
**GOVERNOR**

**Robert P. Gittens**  
**SECRETARY**

# **EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES**

## **PA/AA/EO SUBMISSION REQUIREMENTS FOR REQUALIFICATION**

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**TO: EOHHS POS Provider Executive Directors**

**FROM: A. Victoria Mederos, ADA Manager/Civil Rights Officer**

**DATE: January 25, 2002**

**RE: FY 2003 Purchase of Service (POS) Contracting Requalifications**

Attached you will find the Executive Office of Health and Human Services (EOHHS) FY 2003 POS contracting requalification package for **Programmatic Access and Affirmative Action/Equal Opportunity Submission Requirements (Part 2)** to be completed prior to FY2003 contract processing and submitted to your PPA by **Friday, February 22, 2002**.

EOHHS remains committed to ensuring that all providers are in compliance with Commonwealth regulations and contracting requirements including Equal Opportunity/Affirmative Action (EO/AA) and Americans with Disabilities Act (ADA). The integrity of the process is based on your timely submission of materials, the PPA's (Principal Purchasing Agency) review of the materials, and the execution of corrective measures where necessary. Remember that Corrective Action Plans (CAP's) are generally required if a provider is not in compliance with Commonwealth regulations and contract requirements, pending PPA determination of the seriousness.

**This year, the process uses a slightly modified version of the electronic Excel97 format file submission process adopted last year for most items (Form M and, where required, Forms B and G).** The version used for this year permits the preloading of data from last year's file where the provider has retained a copy of the completed FY 2002 file ("2002PAAA.XLS"). The Excel file template may be downloaded from the EOHHS Contracting Qualification Process Internet website maintained by the Department of Public Health at [www.state.ma.us/dph/pos/eohhs.htm](http://www.state.ma.us/dph/pos/eohhs.htm) (where this package and other contracting qualification related materials are also posted). The Excel file also includes a template for completion of the Consolidated Form A, described below, which must be submitted in signed hard copy form. Upon completion, the Excel file can be submitted to your PPA representative by E-mail and the signed Consolidated Form A and any additional hard copy attachments, such as those required for Findings of Probable Cause/Findings of Discrimination, can be mailed to the PPA. PPA representative contact names, addresses, phone numbers and E-mail addresses should appear in the PPA Requalification cover letter sent to your organization by your assigned PPA. A Secretariat-wide directory also appears in the appendices to this package and on the above referenced web site. The Excel file format submission approach has been adopted since it is consistent with the similar Excel file submission required for UFR audited financial statement filing with the Operational Services Division and the vast majority of provider organizations already have Excel software and Internet E-mail arrangements which accommodate the use of file attachments to messages. *When submitting your Excel file, please be sure to identify your organization in the accompanying E-mail message in order to expedite processing. If your organization lacks the capacity to complete this electronic submission process, please contact your PPA representative immediately to make alternative submission arrangements.*

This requalification package contains copies of all PA/AA/EO requalification forms, including the forms covered by the Excel file, as well as completion instructions and additional resource materials (e.g., An Accessibility Guide, 1990 Census data, and MMARS Program Codes). Additional information, such as Communication Accessibility standards can be found in the New Provider package (available by download from the above referenced EOHHS Contracting Qualification website).

*Please take the time to carefully review this package before completing this year's requalification submission for your organization.*

- Combined Form A includes required assurances and disclosures. It also includes a checklist of submissions required for requalification.
- Form B includes both the workforce analysis and goal setting in one page. (Please refer to the 1990 workforce census data broken down by county and job categories, which appears in the package to complete the goal setting part of Form B.) The Excel template includes built in formulas for computation of the various percentages and totals required by the form. As in prior years, the form needs to be completed only if your organization is seeking qualification to engage in \$50,000 or more per year in state agency contracting.
- Form M provides for a complete listing of service sites (including service related administrative sites) and their associated EOHHS purchasing agencies. The form also serves to certify the accessibility status (both "physical" and "communication" accessibility) for each site.
- Form G is to be submitted only if you have moved or established new service locations, significantly modified existing locations or have locations for which accessibility provisions have not yet been completed. Submission of a separate Form G for each affected site is required as detailed in the instructions appearing in this package.

Please remember that Form B information must be based on underlying documentation maintained at your organization and available for review by representatives of the Commonwealth. You must have a secure and confidential system to record and store information on those members of your staff who wish to self-identify as persons with disabilities for affirmative action purposes. Remember that you cannot include any person who has not self-identified in your count of staff with disabilities when completing Form B.

*Note that the following AA/EO related activity is handled on a purchasing agency/contract specific basis and is not encompassed by the PA/AA/EO requalification process conducted by your assigned PPA:*

- Contracting agencies request workforce and goal setting data that is contract specific. The data corresponds to the staff funded by each individual contract and is submitted directly to the contracting agency's Civil Rights Officer, not to the PPA Civil Rights Officer. The details and timing of contract specific data submissions are established by individual purchasing agencies, not the PPA.
- Executive Order 390 addresses the Commonwealth's commitment to conducting business with SOMWBA (State Office for Minority and Women Assistance) certified MBE's (Minority Business Enterprises) and WBE's (Women Business Enterprises) in all aspects of state contracting. Information regarding participation requirements appears in each purchasing agency's RFR and contract specifications.

Any questions regarding these RFR/contract specific requirements should be directed to the specific purchasing agencies involved, rather than your PPA representative. Your assigned PPA representative is available to provide assistance with the requalification process. Please feel free to contact the individual identified in the PA/AA/EO PPA Representative Directory as needed.

Thank you. We appreciate your continued cooperation with this process. Please submit your responses to your PPA by Friday, February 22, 2002. *If, for any reason your organization will require additional time to complete your Part Two PA/AA/EO requalification submission, please contact your PPA representative to request an extension.*

# EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

## CONTRACTING QUALIFICATION PROGRAMMATIC ACCESS AND EQUAL OPPORTUNITY/AFFIRMATIVE ACTION REQUIREMENTS

### BACKGROUND AND OVERVIEW

The federal government has passed many laws to protect the rights of citizens and to prohibit discrimination against them. From the Constitution of the United States to the Civil Rights Act to the Rehabilitation Act and the American with Disabilities Act, the federal government has taken steps to ensure equal protection under laws. In addition to federal protections, many of these laws are further supported by laws and policies of the Commonwealth of Massachusetts that apply principles of nondiscrimination to both employment practices and the delivery of government funded services, including services delivered by contracted providers.

The Executive Office of Health and Human Services (EOHHS) is committed to the requirements and principles of these laws and policies ensuring 1) nondiscrimination in employment, 2) nondiscrimination and programmatic access to services delivered directly and through contracted provider organizations and 3) affirmative action to eliminate discrimination. It is through the prequalification and annual requalification process that EOHHS communicates its commitments and receives assurances that contracted providers are aware of their obligations under certain of these laws and that providers report their compliance to the Commonwealth.

#### **Equal Opportunity/Affirmative Action (EO/AA) and Programmatic Access Laws:**

There are many federal and state laws, regulations and policies requiring that employment practices, program access and service delivery do not discriminate against anyone based on race, color, religion, sex, national origin, age, or disability. Some of the key laws, regulations, policy guidelines and executive orders that are addressed in the EOHHS Programmatic Access and Affirmative Action/Equal Opportunity package are described below:

- Title VI of the Civil Rights Act of 1964, as amended (P.L. 88-352) – prohibits discrimination on the basis of race, color or national origin in all program or activities which receive federal financial assistance (see guidance of the federal Department of Health and Human Services, Office for Civil Rights at [www.hhs.gov/ocr/facts.html#guide](http://www.hhs.gov/ocr/facts.html#guide));
- Section 504 of the Rehabilitation Act of 1973, as amended (29 USC § 794) – prohibits discrimination on the basis of handicaps under any program or activity receiving federal financial assistance (see 45 C.F.R. 84 regulations of the federal Department of Health and Human Services at [www.hhs.gov/progorg/ocr/part84.html](http://www.hhs.gov/progorg/ocr/part84.html));
- The American with Disabilities Act of 1990 (as amended) – establishes a clear and comprehensive prohibition against discrimination on the basis of disability in the areas of employment, public services and transportation, public accommodations, and telecommunication services (see the ADA Home Page at [www.doj.gov/crt/ada/adahom1.htm](http://www.doj.gov/crt/ada/adahom1.htm));
- M.G.L. Chapter 151B – prohibits unlawful discrimination because of race, color, religious creed, national origin, ancestry, or sex (at [www.state.ma.us/legis/laws/mgl/gl%2D151b%20toc.htm](http://www.state.ma.us/legis/laws/mgl/gl%2D151b%20toc.htm));
- The Governor's Code of Fair Practices (Executive Order 227) – prohibits employment discrimination and unfair labor practices and requires state contractors receiving \$50,000 or more from the Commonwealth to develop an affirmative action program;
- State Executive Order 246 (Disability) – amends EO 227;
- State Executive Order 390 (Affirmative Market) – promotes the full participation of minority and women owned businesses in all areas of state contracting (at [www.state.ma.us/eoas/amp/](http://www.state.ma.us/eoas/amp/)).

It is critical that provider organizations familiarize themselves with all federal and state requirements regarding nondiscrimination. In addition, providers should ensure that internal policies and procedures as well as policies and procedures for programs and service delivery are implemented to support these principles. It is strongly suggested that all staff training incorporate these principles as well.

#### **Executive Office of Health and Human Services Role - Action for the POS System:**

The EOHHS prequalification and requalification processes evaluate a bidder's/provider's administrative and financial capabilities to assume contracting responsibilities and service delivery. This process is conducted by the EOHHS agency that has the largest total contract amount with the provider, the so-called "PPA – principal purchasing agency." Once prequalified by its PPA, a provider can seek contracts with EOHHS agencies for that fiscal year and submits shorter forms on an annual basis thereafter through the requalification process.

In fiscal year 1990, EOHHS recognized the need to develop guidelines and standardized requirements for Equal Opportunity/Affirmative Action (EO/AA) and programmatic access compliance across the purchase of service contracting system. EOHHS established a collaborative process between the EOHHS legal counsels and civil rights officers. The result of this collaboration was the yearly equal opportunity/affirmative action/programmatic access (EO/AA/PA) prequalification submission forms which provide assurances that contracted providers are aware of their obligations under certain of these laws and regulations and that they report compliance.

In fiscal year 1992, EO/AA/PA requirement and forms were incorporated into the annual EOHHS prequalification process. The two critical documents incorporated at that time were:

- Sample Equal Opportunity/Affirmative Action/Programmatic Access Plan;
- Form "A" – Provider Certification of Programmatic Access and Affirmative Action/Equal Opportunity. (Effective for the FY2002 requalification process, this form was consolidated with other forms resulting in a new "Consolidated Form A.")

### **The Americans with Disabilities Act:**

Subsequent to the incorporation of the above forms into the prequalification process, it became necessary to also address the requirements of the landmark Americans with Disabilities Act (ADA), enacted by the U.S. Congress and signed into law on July 26, 1990. The ADA, patterned after the Rehabilitation Act of 1973 and the Civil Rights Act of 1964, extended civil rights for people with disabilities beyond just programs receiving federal financial assistance.

Under the ADA, individuals with disabilities have comprehensive civil rights protections in the areas of employment, public accommodations, state and local government services, transportation and telecommunications. The ADA has five titles: Title I deals with Employment; Title II addresses Public Services and Transportation; Title III concerns Public Accommodations; Title IV addresses Telecommunications and Title V covers miscellaneous provisions.

**Confronted with the need to implement the portions of the ADA pertinent to EOHHS, the ADA Task Force was convened in June 1993. Specifically:**

**Title I, Employment, applies to private employers, state and local government, employment agencies and labor unions. Title I prohibits employment discrimination against "qualified individuals with disabilities."**

**Title II, State and Local Governments, applies to public entities and prohibits discrimination against qualified individuals with disabilities in all programs, activities, and services of public entities. Title II requires that all government programs, including those delivered by contract, be accessible to individuals with disabilities.**

**PLEASE NOTE: Providers should be aware of their obligations under Title III (Public Accommodations) of the ADA. Those obligations may not be covered by the requirements of the EOHHS pre-qualification and requalification processes.**

#### Title I (Employment) Issues and Requirements –

The task force identified ADA Title I Employment requirements and concluded that those requirements could be addressed through the prequalification and requalification processes. The following forms were added to the prequalification process starting with Fiscal Year 1996:

- Form D - Findings of Probable Cause/Findings of Employment Discrimination Based on Disability (the original Form D is now a part of Consolidated Form A, submitted annually)
- Form E - ADA Title I Self-Evaluation and Transition Plan for Employment Issues  
[Note: The Form E transition plan is an exercise that need only be carried out once within an organization to ensure that employment practices, policies and procedures are accessible and non-discriminatory. A completed plan should be maintained on file and available for public inspection since it is the organization's proof that it has carried out a self-evaluation in this area.]
- Form I - Sample Notice of Non-Discrimination, and
- Form J - Grievance Procedures  
[Note: A Sample Notice of Non-Discrimination (Form I) and the Grievance Procedures (Form J) need to be developed once, but displayed prominently at all times. These two forms need to be sent to the PPA only at the time a provider is first prequalified. Completed Forms I and J should be maintained on file and available for public inspection since it is the organization's proof that it has complied in this area.]

#### Title II (Public Services) Issues and Requirements –

The task force identified the need to address requirements for both Section 504 of the Rehabilitation Act of 1973 (Section 504) and Title II of the ADA by ensuring that providers had carried out a Self Evaluation and Transition Plan for Program and Program Location Accessibility. This plan is an exercise that must be carried out once within an organization (as long as there are no major renovations or the programs have not moved to a new location) to ascertain program location and individual program practices, policies and procedures regarding accessibility for the disabled. A completed Plan should be maintained on file and available for public inspection since it is the organization's proof that it has carried out a self-evaluation in this area.

There were several forms designed to complete the plan:

- Form F- Program Location List - Program Location Review - Discontinued as of FY 2002  
[Form F was an inventory of all program locations for each provider. Effective for the FY 2002 qualification process, Form F was consolidated into Form M.]
- Form G - Individual Site Programmatic Accessibility Review  
[Form G is an assessment of each program location's accessibility that gets carried out once within an organization to ensure that persons with disabilities can access services. This form only needs updating if the program location undergoes renovations, the program is moved to a new location or accessibility arrangements for the site are still incomplete and the Form G has not previously been submitted in electronic Excel file format. A completed Form G for each program location should be maintained on file and available for public inspection since it is the organization's proof that it has complied in this area.]
- Form L - Communication Accessibility  
[Form L is carried out once within an organization to ensure that its practices, policies and procedures are communication accessible and non-discriminatory. A completed Form L should be maintained on file and available for public inspection since it is the organization's proof that it has complied in this area.]
- Form M – Program List & Programmatic Accessibility Implementation Update  
(Formerly called “Additional Americans with Disabilities Act Requirements”)  
[Form M is part of the annual requalification process and serves to update our agencies on providers' site locations' for services purchased by EOHHS agencies. It also provides certification of the physical and communication accessibility status of the sites. A completed Form M should be should be maintained on file and available for public inspection. It is the organization's proof that it has complied in this area.]

In addition, Form D (now part of Consolidated Form A) was extended to require providers to report findings of probable cause and findings of discrimination for both employment and service delivery.

#### **Maintenance of ADA Data:**

***Based on the data gathered from providers' responses in the prequalification and subsequent requalification exercises EOHHS agencies will have access to the following:***

- Information on Accessible Providers. The data will be periodically updated to include providers as they become accessible.
- EOHHS Referral Process to Accessible Providers. A referral process to ensure access to programs, services and benefits for persons with disabilities seeking participation will be available.

#### **Maintenance of Provider Records:**

A provider's complete prequalification package (and subsequent requalification packages), including all forms, should be maintained on file and available for public inspection, since it is part of the organization's proof that it has carried out a self evaluation on Title I and Title II issues.

## EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

### REQUALIFYING PROVIDERS - AN OVERVIEW OF THE EXPECTATIONS OF THE COMMONWEALTH AND THE OBLIGATIONS OF THE PROVIDER ORGANIZATION.

#### EVERY PROVIDER MUST SUBMIT THE FOLLOWING MATERIALS TO THE PPA AA/ADA MANAGER:

- A completed and signed **FORM A** (*This form has been consolidated to cover information appearing in multiple forms in prior years.*) Form A covers: CERTIFICATION OF PROGRAMMATIC ACCESS AND AFFIRMATIVE ACTION/EQUAL OPPORTUNITY; SEXUAL HARASSMENT POLICY AND PROCEDURES; and an ATTACHMENTS submission check list. The form must be signed by the individual authorized by the organization's governing body to execute contractual agreements with the Commonwealth (known as the Authorized Signatory),
- A completed Excel file covering **FORM M** - PROGRAM LOCATION LIST & PROGRAMMATIC ACCESSIBILITY IMPLEMENTATION UPDATE and **FORM G** - INDIVIDUAL SITE PROGRAMMATIC ACCESSIBILITY REVIEW
- Any additional information requested by your PPA AA/ADA Manager (see REVIEW AND APPROVAL below)

#### ALL PROVIDERS AWARDED CONTRACTS WITH THE COMMONWEALTH TOTALING \$50,000 OR MORE MUST FULFILL THE FOLLOWING ADDITIONAL REQUIREMENTS:

- A completed and accurate **FORM B** - WORKFORCE UTILIZATION ANALYSIS/GOAL SETTING SUMMARY must be submitted to the PPA in Excel file format.
- The organization must develop, post and use an **AFFIRMATIVE ACTION/EQUAL OPPORTUNITY AND PROGRAMMATIC ACCESS PLAN** containing *all* elements described in the Commonwealth approved sample plan appearing in this package. A copy of the provider's plan does *not* have to be submitted so long as it contains all elements of the sample plan. ***If the provider's plan does not contain all elements of the sample plan, and has not already been reviewed and approved by the PPA, a copy of the plan must be submitted to the PPA representative for review and approval.***

*Where the total combined dollar value of contracts with EOHHS purchasing agencies will not exceed \$50,000 per year use of the Commonwealth approved plan elements is encouraged but not mandated and submission of Excel file Form B information is not required.*

#### Alternative hard copy submission of Form M, Form G and Form B information:

Where standard Excel file submission of these materials would cause unreasonable hardship, the provider organization may seek approval from the PPA representative to submit hard copies of the forms or to submit the information electronically in an alternative file format.

**SUBMISSION DEADLINES** for Requalifying Providers are established by EOHHS each year. ***For this year's process, submissions are due Friday, December 22, 2000. Failure to complete submission requirements by the established deadline may result in bid disqualification, payment delays or other penalties. If you anticipate problems in meeting this deadline, please contact your PPA representative immediately.***

### REVIEW AND APPROVAL

Provider Requalification is contingent upon the review and approval of the Affirmative Action/Equal Opportunity and Programmatic Access components of the Prequalification package by the PPA AA/ADA Manager. *Approval will depend on prompt, accurate and complete submission of all required forms and attachments.*

If the review process conducted by the PPA AA/ADA Manager reveals areas in which actual or potential deficiencies exist, the PPA AA/ADA Manager will inform the Provider in writing identifying the deficiencies, proposing remedial action, and setting a deadline for the corrections.



## SUBMISSION FORMS & DOCUMENTS

Submission Forms A, B, M and G appear on pages 9 through 13 of this document. As noted in the overview, Forms B, M and G are to be completed and submitted as Excel97 file submissions. Form A is also included in the Excel file and is designed to be completed electronically before being printed, signed and submitted in hard copy form. Images of those four forms have been reproduced in this document for the convenience of readers.

Notice of Discrimination (a.k.a. Form I), Grievance Procedures (a.k.a. Form J), Affirmative Action Plan sample documents and other materials related to EOHHS Programmatic Access and Affirmative Action/Equal Opportunity requirements appear in the Prequalification package for Potential New Providers. *Those materials do not have to be resubmitted by requalifying providers.* However, if you wish to review those documents for any reason, please refer to the New Provider package.

Form Instructions and Appendices (including an Accessibility Guide and other completion aids) comprise the remainder of this package.

**EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES  
PA/AA/EO QUALIFICATION  
Consolidated FORM A**

**CERTIFICATION OF PROGRAMMATIC ACCESS AND AFFIRMATIVE ACTION/EQUAL OPPORTUNITY**

Notice is hereby given to the Executive Office of Health and Human Services that, with respect to both employment and provision of services the undersigned Provider intends to comply with the Programmatic Access and Affirmative Action/Equal Opportunity requirements and principles of all applicable Federal and State laws and regulations including, but not limited to, Title VI of the Civil Rights Act of 1964, as amended (P.L. 88-352); the Americans with Disabilities Act of 1990 (as amended); Federal Executive Order 11375 (Nondiscrimination in Employment); Section 504 of the Rehabilitation Act of 1973 (as amended); M.G.L. 151B (Unlawful discrimination because of race, color, religious creed, national origin, ancestry, or sex); The Governor's Code of Fair Practices (Executive Order 227), as amended by State Executive Orders 246 (Disability), and 253 (Vietnam Era Veterans); and State Executive Order 390 (Affirmative Market Program in Public Contracting).

Pursuant to Executive Order 227 and the Commonwealth Terms and Conditions for Human and Social Services, the undersigned provider is aware that receipt of contracts with the Commonwealth totaling \$50,000 or more requires the execution of an Affirmative Action/Equal Opportunity Plan with the purpose of assuring legally required equal opportunity and affirmative action.

Pursuant to M.G.L. Chapter 151B s. 3A (Employer's Policies Against Sexual Harassment), the undersigned provider certifies that it has adopted a Sexual Harassment Policy and has established grievance and other procedures necessary for successful implementation of the policy.

**FINDINGS OF PROBABLE CAUSE/FINDINGS OF DISCRIMINATION  
(formerly Form D)**

PLEASE SUMMARIZE ANY AND ALL FINDINGS OF PROBABLE CAUSE TO SUSPECT DISCRIMINATION MADE AGAINST YOU BY THE MASSACHUSETTS COMMISSION AGAINST DISCRIMINATION (MCAD), THE EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) AND/OR ANY AND ALL FINDINGS OF DISCRIMINATION MADE AGAINST YOU BY THE COURTS ALONG WITH WHATEVER CORRECTIVE ACTIONS YOU HAVE TAKEN TO AVOID RECURRENCES:

- ☐ Please check this box if you have had NO findings of probable cause or findings of discrimination in the past three years.
- ☐ Please check this box and attach summaries and corrective actions if you HAVE HAD any findings of probable cause or findings of discrimination in the past three years.

**ATTACHMENTS**

*Note that former Form F has been discontinued. Form F content is now covered by Form M. Form B, G & M "attachments" are only submitted electronically as an Excel file unless other arrangements have been approved by the PPA.*

Requalifying Providers	New Providers	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Form B - Workforce Analysis/Goal Setting Summary</b> Check here if attached. (If Remedial Plan is also required by your PPA, also attach it and check the Corrective Action Plan box below.) Check here if claiming submission exemption and contracting with the Commonwealth will not exceed \$50,000/year.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Affirmative Action Plan</b> Check here if claiming submission exemption because contracting with the Commonwealth will not exceed \$50,000/year. Check here if EOHHS standard plan is in use or if non-standard plan has already been approved by PPA. Submission is <u>not</u> required. Check here and <u>attach plan</u> where PPA review of plans not conforming to the EOHHS standard model is required. (See instructions.)
N/A	<input type="checkbox"/>	<b>Form E - ADA Title 1 Employment Practices Self Evaluation (New Providers must attach form.)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Form G - Individual Program Location Review - (New Providers must submit one Form G for <u>each</u> program location. Requalifying Providers must, where applicable, submit the form for each new, significantly modified, or non-accessible program location.)</b> Check here if attaching initial filing for New Provider or updated form(s) for Requalifying Provider. Requalifying Providers check here if no Form G's are required to be submitted. - See instructions.
N/A	<input type="checkbox"/>	<b>Form I - Non-Discrimination Notice (New Providers must attach copy of their own Non-Discrimination Notice, which must be consistent with the provisions appearing on the Form I sample document.)</b>
N/A	<input type="checkbox"/>	<b>Form J - Grievance Procedure (New Providers must attach copy of their own Grievance Procedures notice, which must be consistent with the provisions appearing on the Form J sample document.)</b>
N/A	<input type="checkbox"/>	<b>Form L - Communications Accessibility (New Providers must attach form.)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Form M - Program List &amp; Programmatic Accessibility Implementation Update (Required for <u>all</u> Providers - Form must be accompanied by site specific Form G's where accessibility modifications are not complete. - See instructions.)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Corrective Action Plan/Findings Summaries (See above Probable Cause/Discrimination section.)</b> Check here if Corrective Action (a.k.a. "Remedial") Plan/ Finding Summary is required. Enclose all materials with submission. Check here if no Corrective Action Plan/Finding Summary attachments are required to be submitted.

Provider Name:   
Address:   
Telephone:  Voice  TTY

Federal Employer ID (FEIN):   
Qualification ID:   
Principal Purchasing Agency:

AA/EO Manager:  Type/Print Name  Title  Signature

Prgm Access Mng'r:  Type/Print Name  Title  Signature

I certify, under the penalties of perjury, that the above information and all accompanying submissions are true and complete, to the best of my knowledge and belief.

Authorized Signatory:  Type/Print Name  Title  Signature  Date

**EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES**  
**PA/AA/EO QUALIFICATION**  
**FORM B**

WORKFORCE ANALYSIS as of June 30,

Provider Name:  FEIN:  Qualification ID:  PPA:

JOB CATEGORY	Men & Women Totals	MEN					WOMEN					Total Minorities	Total Persons with Disabilities	
		Total	White	Black	Hispanic	Asian	Native American	Total	White	Black	Hispanic			Asian
Official/Administrator														
Professional														
Technical														
Protective Service														
Para-professional														
Clerical														
Skilled Craft														
Service Maintenance														
TOTAL														

**GOAL SETTING SUMMARY**

Enter County name for US Census data used for Parity columns:

JOB CATEGORY	MINORITIES					WOMEN					PERSONS WITH DISABILITIES				
	Number	%	Parity %	Under Util. %	Goal	Number	%	Parity %	Under Util. %	Goal	Number	%	Parity %	Under Util. %	Goal
Official/Administrator															
Professional															
Technical															
Protective Service															
Para-professional															
Clerical															
Skilled Craft															
Service Maintenance															
<b>TOTAL</b>															

Completed by:

Name

Title

Phone

Date

**EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES  
PA/A&EO QUALIFICATION**

**Form M - PROGRAM LIST & PROGRAMMATIC ACCESSIBILITY IMPLEMENTATION UPDATE**

The purpose of this form is to register site information and to annually update the Commonwealth on the status of your accessibility in compliance with state and federal laws (e.g., the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, M.G.L. 151B). In prior fiscal years, providers were required to submit separate copies of various accessibility requirements. Your organization should have copies of these forms on file, including Forms F (a now discontinued Program Locator) List and G and Form L covers Communication Accessibility Arrangements for the entire organization. (Providers participating in the qualification process prior to FY 1998 completed a "Form H" which included the Form L content). Form G, submitted for each location, covers the Programmatic Accessibility status of each location. Requalifying providers are not required to resubmit these forms except in situations where new locations have been established, where major modifications have been made to a site or where a site remains less than fully accessible (which requires, in addition to Form M, submission of a new Form G for the site).

Provider Name: _____ FEIN: _____ PPA: _____						Qualification ID: _____																			
List only those sites where services purchased by the Commonwealth are located (including staff office space where services are delivered off-site) and administrative or other sites indirectly associated with the operation of state purchased service programs.																									
Enter "Y" if entry updated	UFR Program Number *	Description: Enter brief description (e.g., "After-school Child Care," "In-Home Respite office space").	Sub-contractor's FEIN if applicable	Site Address Where site security reasons (e.g., Domestic Violence Shelters), enter "Confidential" in Number/Street Address field, but be sure to enter zip code	City/Town	State	Zip Code	DMH Code	DMR Code	DPH Code	DSS Code	DTA Code	DYS Code	HCF Code	NCB Code	MCD Code	NRC Code	OCCS Code	OPI Code	Enter "Y" if Medicaid or MBHP funds.	Program Site Capacity **	Text	Units	If not Enter Planned Date**	
1		ADMINI																							
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3																									
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Completed by: \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Continued on additional sheets.

\* Except for administrative office sites, which should be consecutively labeled "Admin1", "Admin2", etc., enter the UFR Program Number. This number, used to identify the program on Uniform Financial Statement and Independent Auditor's Report (UFR) filings, should also appear on the contract/Attachment 1 Program Cover Page. Note that where a single program operates at multiple sites, the UFR Program Number should be repeated for each site listing. All sites must be entered as specified in the instructions for this form.

\*\* For program site locations (not administrative office sites), please enter the total annual program capacity for the site in the unit field and a text unit definition (e.g., "bed days") in the text field. State the full program site capacity, not just the contracted purchase capacity.

\*\*\* If the site is not yet fully accessible, enter the planned date for making the site accessible and submit a completed Form G for the site, including a full explanation of the circumstances and referral arrangements to other accessible programs. Where the data field is left blank, the organization is certifying that, to the best of its knowledge and belief, the site is fully accessible in compliance with all applicable state and federal requirements.

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES										PA/AAEO QUALIFICATION										Form M - PROGRAM LIST & PROGRAMMATIC ACCESSIBILITY IMPLEMENTATION UPDATE										PAGE: 2	
Provider Name:		FEIN:		Qualification ID:		PPA:																									
Enter "Y" if entry updated	UFR Program Number	Description: Enter brief description (e.g., "After-school Child Care", "In-Home Respite office space")	Sub-contractor FEIN if applicable	Site Address Where site Number/Street Address locations are confidential for client security reasons (e.g., Domestic Violence Shelters), enter "Confidential" in Number/Street Address field, but be sure to enter zip code	City/Town	State	Zipcode	Enter 4 character MMARS program code for each EO/HS agency purchasing services from program (either directly or through subcontract) - see instructions and program code list.	DMH Code	DMR Code	DPH Code	DSS Code	DTA Code	DYS Code	HCF Code	MCB Code	MCD Code	MRC Code	OCCS Code	ORI Code	Enter "Y" if Medicaid or MBHP funds	Program Site Capacity	Text	Units	If not Accessible Enter Planned Date**						
<input type="checkbox"/>	16																														
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<input type="checkbox"/>	36																														

Provider Name	FEIN	Qualification ID	PPA	Form M Row	Form M Description	Form M Site Address

<p>1. Have you consulted with persons with disabilities in reviewing this site? (Y/N) <input type="checkbox"/></p> <p>2. Enter Yes or No (Y/N) for applicable service arrangements at this location:  <input type="checkbox"/> Service provided at this site <input type="checkbox"/> Off-site at client's home <input type="checkbox"/> Other: <input type="text"/>  <i>If you provide any services on-site (including where clients are expected to go to your office for any reason), please complete items 3 through 12. If face to face client contact only takes place at client homes or other off-site locations, skip to item 13 preparer contact information.</i></p> <p>3. Do you currently provide services at this site to persons with disabilities? (Y/N) <input type="checkbox"/></p> <p>4. Respond Yes or No (Y/N) to the following: Does the site have an entrance that  <input type="checkbox"/> is free of steps; <input type="checkbox"/> has a door that can be opened with a closed fist;  <input type="checkbox"/> has 18" clearance between the door handle and the wall?  <input type="checkbox"/> has a door with a minimum width of 32"; <i>If any item 4 response is No, skip to item 7.</i></p> <p>5. Is the accessible entry the main public entrance (rather than a delivery entry)? (Y/N) <input type="checkbox"/></p> <p>6. If not, is there a sign directing people to the accessible entrance? (Y/N, Blank if N/A) <input type="checkbox"/></p> <p>7. Enter Yes or No (Y/N) for any provisions for people with visual impairments:  <input type="checkbox"/> raised letter or Braille signs; <input type="checkbox"/> materials in Braille or on tape;  <input type="checkbox"/> audible fire/emergency alarms; <input type="checkbox"/> Other (specify): <input type="text"/></p> <p>8. Enter Yes or No (Y/N) for any provisions for people with hearing impairments:  <input type="checkbox"/> available sign language interpreter; <input type="checkbox"/> telecommunications device;  <input type="checkbox"/> visual fire/emergency alarms; <input type="checkbox"/> Other (specify): <input type="text"/></p>	<p>10. To determine if there is a route (called the "accessible route"), which is free of access barriers in this site, please respond to the following:</p> <table border="1"> <thead> <tr> <th>ROUTE IS FREE OF STEPS TO</th> <th>CORRIDOR IS AT LEAST 36" WIDE</th> <th>48" X 48" ELEVATOR WITH 36" DOOR</th> <th>AT LEAST 32" WIDE DOOR</th> <th>DOOR CAN BE OPENED WITH CLOSED FIST</th> <th>18" DOOR HANDLE TO WALL CLEARANCE</th> <th>AREA/ ROOM IS BARRIER FREE</th> </tr> </thead> <tbody> <tr> <td>Sleeping Area <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Bathing Room <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Toilet Room <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Toilet Stall <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Recreation <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Waiting Room <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Meeting Room <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Eating Area <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Interview <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Class Room <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Office Area <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other: <input type="text"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>ENTER CODES: YES = Y; NO = N; N/A = Z</p> <p>If so, please complete item 10; then skip to item 13, preparer contact information.</p>	ROUTE IS FREE OF STEPS TO	CORRIDOR IS AT LEAST 36" WIDE	48" X 48" ELEVATOR WITH 36" DOOR	AT LEAST 32" WIDE DOOR	DOOR CAN BE OPENED WITH CLOSED FIST	18" DOOR HANDLE TO WALL CLEARANCE	AREA/ ROOM IS BARRIER FREE	Sleeping Area <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bathing Room <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet Room <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet Stall <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recreation <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waiting Room <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meeting Room <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eating Area <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interview <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Class Room <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office Area <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROUTE IS FREE OF STEPS TO	CORRIDOR IS AT LEAST 36" WIDE	48" X 48" ELEVATOR WITH 36" DOOR	AT LEAST 32" WIDE DOOR	DOOR CAN BE OPENED WITH CLOSED FIST	18" DOOR HANDLE TO WALL CLEARANCE	AREA/ ROOM IS BARRIER FREE																																																																																						
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10. Can the accessible site physically accommodate an increase in referrals of persons with disabilities? (Y/N) ☐ Comments/response qualifications:

*Complete items 11 and 12 if the site is not fully accessible.*

11. What modifications or changes are you planning in order to achieve accessibility?

Please provide an estimated completion date for achieving accessibility: (mm/dd/yyyy)

12. If the site is not fully accessible to persons with disabilities, please describe your referral mechanism to services at alternative, fully accessible sites:

Please provide the name and location of accessible service providers with whom you have established referral arrangements:

13. Preparer information:

Identify the individual responsible for ensuring that the information contained in this document accurately reflect the conditions present at the site as of the review completion date.

Name  Title  Phone  Date

## INSTRUCTIONS FOR SUBMISSION FORMS AND DOCUMENTS

Instructions for Forms A, B, M & G appear on the following pages. Note that additional information also appears on the forms themselves, in the Excel spreadsheet application, and in the appendices to this package (e.g., the Accessibility Guide pertaining to the Form G review). *If you have any remaining questions after reviewing this material, please feel free to contact your PPA representative for assistance.*

# EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

## INSTRUCTIONS FOR FORM A

Form A is included as a worksheet in the Excel97 file spreadsheet application and is designed to be completed electronically since information entered on the form is used to pre-fill other cells on the remaining form worksheets in the file. Upon completion, Form A should be printed and signed by the organization's Authorized Signatory (the person authorized by the governing board to enter into contracts with the Commonwealth on behalf of the organization – usually the CEO) as well as by the organization's AA/EO and Programmatic Accessibility Managers. The signed hard copy of Form A is then submitted to the PPA along with all other required hard copy prequalification submission materials and the required electronic Excel file submission of Form M and, where applicable, forms B and G.

The upper portion of the form consists of Programmatic Access and AA/EO/Non-Discrimination related compliance certifications.

The Findings of Probable Cause/Findings of Discrimination section contains two self explanatory check boxes. Check the No Findings box if there have been no findings in the past three years. Check the other box and attach summaries and corrective action information to your prequalification submission if there have been any findings.

The Attachments section is simply a submission check list with two separate columns, one for use by New Providers and the other for use by Requalifying Providers in the annual renewal process that occurs each fall. Please take care to check the correct boxes in the correct column.

The lower portion of the form requires entry of the organization's name, business address and voice and TTY telephone numbers.

The organization's 9 character Federal Employer Identification Number (FEIN) must also be entered. Municipalities should note that the Office of the State Comptroller has assigned each Municipality a "047..." series substitute code to be used in lieu of the actual FEIN for state contracting purposes. Please use this substitute code if your organization is a Massachusetts municipality.

The Qualification ID code (e.g., "100789") is assigned by the E.O.H.H.S. Principal Purchasing Agency designated to process your organization's submission. If you do not know the code, please contact your PPA representative for assistance.

The Principal Purchasing Agency should also be entered. Note that the Excel application provides a drop down list of standardized abbreviations for this purpose.

Finally, please data enter the names and titles for the Authorized Signatory, AA/EO and Programmatic Accessibility Managers.



# EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

## INSTRUCTIONS FOR FORM B

### ➤ For the **WORKFORCE ANALYSIS**:

1. Enter the year "2000" in the "as of June 30, \_\_\_\_\_" field of the worksheet.
2. The Provider Name, FEIN, Qualification ID, and PPA fields should all be prefilled on the worksheet, assuming that the Excel Form A worksheet was completed first. These fields will have to be filled in by hand where the organization has been authorized to complete and submit Form B manually in lieu of the Excel submission.
3. Enter the agency staff numbers by job category for each column, using your organization's data as of June 30, 2000. Totals will automatically be computed by the worksheet application and will be carried forward into the Goal Setting Summary section of the form.

### ➤ For the **GOAL SETTING SUMMARY**:

**NOTE:** *You need to state goals only when you expect to be doing any hiring or promoting into a job category AND there is under-utilization in that category.*

1. Enter the county name being used for the parity assessment in the indicated field. (A list of Massachusetts counties and municipalities has been included for your convenience as part of the Labor Market Information appendix to this package.)
2. If completing the form manually, job category numbers will have to be carried forward from the Workforce Analysis section and percentages will have to be calculated. For example, if there are a total of 2 professional staff in the Men and Women Totals column of the Workforce Analysis, one of whom is recorded as a Minority in the Total Minorities column, enter "1" Professional field of the Goal Setting Summary Minorities Number column and compute the percentage (50%) for entry in the Minorities % column field.
3. Parity percentages derived from 1990 US Census data for Massachusetts counties appear in the Labor Market Information appendix to this package. Enter the applicable percentage in the Parity % column field for each job category. For example, If your organization is located in Suffolk county, you will find that the Census data shows 21.3% of professionals in that county to be minorities. 21.3% would then be entered in the Parity % field for the Professional job category. Unless otherwise instructed by your PPA representative, a parity figure of 12% should be used in the Persons with Disabilities section for all job categories, regardless of county location.
4. The worksheet application will automatically compare the actual job category percentage to the Parity percentage and show the difference in the Under-Utilization % column if the actual percentage is lower than the parity percentage. (If the actual percentage exceeds the parity percentage, that field will remain blank.) Where the Excel application is not used, these calculations and entries will have to be entered by hand on the form.
5. For each job category for which under-utilization has been identified, enter the hiring goal in the Goal field. Goals need only be stated when underutilization occurs. Goals are set by first calculating how many new positions, promotions and transfers are projected for the coming employment period. ie, Your company expects to have 3 new positions and a turnover of 7 staff members within the ranks of Official Administrators. This is a total of 10 positions to be filled at the Official Administrator level. Write-in how many of the 10 positions you expect will be Minorities. Use number of people, not FTE's.

Finally, be sure to enter the "Completed by" name, title, phone and date information at the bottom of the form.

*Please remember that Form B information must be based on underlying documentation maintained at your organization and available for review by representatives of the Commonwealth. You must have a secure and confidential system to record and store information on those members of your staff who wish to self-identify as persons with disabilities for affirmative action purposes. Remember that you can not include any person who has not self identified in your count of staff with disabilities when completing Form B.*

# EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

## INSTRUCTIONS FOR FORMS M AND G PROGRAM LIST & PROGRAMMATIC ACCESSIBILITY

In addition to the ADA Title III accessibility requirements applicable to all enterprises regardless of the presence or absence of state funding, Title II of the ADA requires that all state-supported services be accessible to the maximum extent feasible to persons with all types of disabilities. In addition, accessibility is mandated by Section 504 of the Rehabilitation Act of 1973 (as amended) for all services with indirect federal funding passed through state agencies. The non-discrimination requirements of M.G.L. 151B are also applicable. We are confident that Massachusetts' providers endorse access to persons with disabilities, consistent with their mission.

An EXCEL 97 format computer spreadsheet file has been developed to facilitate the efforts of providers and the Commonwealth to achieve access across our service system both by documenting the accessibility status of individual service sites and by creating a useful statewide referral list of accessible providers. The Excel file format has been utilized since that software is commonly used across the provider system and providers are already required to submit Uniform Financial Report and other mandated reports associated with the state contracting process using Excel format files. If this requirement presents a problem for your organization, please contact your PPA representative to discuss possible alternative reporting arrangements.

Please list all your service locations funded through any EOHHS agencies on the FORM M worksheet of the Excel file.

- Include both sites where clients are served and sites where business activity associated with the services takes place such as central administrative offices where clients, staff or oversight agency representatives may need to visit to attend meetings, review records or conduct other business.
- Where services are delivered in client homes and the organization is not responsible for providing the housing site, the client homes are not to be listed. Where the organization is responsible for providing both housing and services, the housing sites are to be listed.
- Where the confidentiality of site locations must be protected (e.g., domestic violence shelters), the word "Confidential" should be entered in the street address data field since the data submission is releasable as a public record.

FY 2001 MMARS Program Codes required to complete Form M appear in the Appendix section of this package. Note that these codes are periodically updated by purchasing agencies and codes in use during prior years may no longer be valid. Please review the list before completing Form M. If you are in any doubt regarding the proper program code(s) applicable to a program being purchased by an EOHHS purchasing agency, please contact the agency for clarification. If the program is being provided to a state agency indirectly through a subcontracting arrangement, the correct code can be obtained from either the state agency or the "prime" or lead organization holding the direct contract with the Commonwealth.

The "Medicaid" column on the form also refers to "MBHP", the abbreviation for Massachusetts Behavioral Health Partnership, the current managed care prime contractor with Medicaid (a.k.a., "MassHealth") for Behavior Health services purchased by the Department of Medical Assistance on a subcontracted basis. If the program is funded in part by either direct Medicaid/MassHealth payments or indirect payments through MBHP, please enter "Y" in this column field.

If the site is not fully accessible, please enter the planned date for completing modifications, other changes or relocations necessary to achieve accessibility and proceed to complete a Form G for that site. If no planned completion date has been established, enter "9/9/9999" in the date field. *The date field may be left blank if, and only if, the site is, to the best of the organization's belief, fully accessible in compliance with all applicable state and federal requirements.* By leaving the date field blank, the Authorized Signatory for the organization is certifying, under the penalties of perjury, that the site is accessible.

**Form G – INDIVIDUAL SITE PROGRAMMATIC ACCESSIBILITY REVIEW**, should be completed in the Excel file for every site listed on Form M that is not fully accessible. It should also be completed for any new site or any site that has been significantly modified since the original Form G filing (submitted through the prequalification process in prior years). Results of this Form M and Form G filing process will help EOHHS agencies assess the level of access at state funded programs and develop a statewide referral list for state agencies' and providers' use in identifying currently accessible programs and services for persons with disabilities.

- *To facilitate your completion of this process, please review and refer to the **ACCESSIBILITY GUIDE** (containing **DRAWINGS** and **MEASUREMENT CONVERSIONS**, **CODE REFERENCES** and information on **MINOR STRUCTURAL CHANGES**), **GLOSSARY OF TERMS**, and **SOURCES OF DISABILITY RIGHTS INFORMATION** material appearing as appendices to this package.*

Please contact your PPA AA/ADA Manager immediately if you have any questions.

**PROGRAMMATIC ACCESS AND AFFIRMATIVE ACTION/EQUAL OPPORTUNITY  
PREQUALIFICATION  
APPENDICIES**

**PPA Representative Directory**

**Labor Market Information for Affirmative Action Planning** (1990 U.S. Census data) – Relevant to Form B

**MMARS Program Codes for EOHHS Purchasing Agencies** – Relevant to Form M

**Accessibility Guide** – Relevant to Form G

**Glossary of Terms**

**Sources of Disability Rights Information**

**EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES**  
**PA/AA/EO**  
**PPA REPRESENTATIVE DIRECTORY**

The following individuals are the EOHHS Civil Rights Officers (or the individuals designated by them to process the forms in this package). You can identify the person you need to contact if you know which is your PPA:

	<b>AGENCY</b>	<b>ADDRESS</b>	<b>VOICE PHONE</b>	<b>FAX</b>	<b>E-MAIL</b>
A. VICTORIA MEDEROS	EOHHS	One Ashburton Pl., Rm. 1109, Boston, MA 02108	617-727-7600	617-727-1396	avictoria.mederos@ehs.state.ma.us
AUDREY SHELLEY	DYS	27-43 Wormwood St., Suite 400, Boston, MA 02110	617-960-3345	617-951-2409	audrey.l.shelley@state.ma.us
JUDITH SUBANNY	DTA	600 Washington St., Boston, MA 02111	617-348-8492	617-348- 5191	judith.subanny@state.ma.us
GEORGE WASHINGTON, JR	DMA	600 Washington St., Boston, MA 02111	617-210- 5007	617-348- 5871	george.washington@state.ma.us
FRANCO VENEZIANO (IAU)	DSS	24 Farnsworth St., Boston, MA 02210	617-748-2080	617-439-9027	franco.veneziano@state.ma.us
MARILYN CARRINGTON	DMH	25 Staniford St., Boston, MA 02114	617-626-8262	617-626-8131	marilyn.carrington@dmh.state.ma.us
GERALD SCOTT	DMR	160 North Washington St., Boston, MA 02114	617-624- 7751	617-624- 7577	gerald.scott@state.ma.us
DENNIS JOHNSON	DPH	250 Washington St., Boston, MA 02108	617-624- 5723	617-624- 5729	dennis.johnson@dph.state.ma.us
AL JONES	MRC	27-43 Wormwood St., Suite 600, Boston, MA 02110	617-204- 3762	617-727-2744	al.jones@mrc.state.ma.us
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# EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

## LABOR MARKET INFORMATION FOR AFFIRMATIVE ACTION PLANNING

USE THE PERCENTAGES FOR MINORITIES AND WOMEN IN THE FOLLOWING PAGES TO COMPLETE PART TWO OF FORM B (GOAL SETTING)  
MASSACHUSETTS 1990 US CENSUS WORKFORCE DATA AGGREGATED BY COUNTIES:

### **BARNSTABLE:**

BARNSTABLE  
BOURNE  
BREWSTER  
CHATHAM  
DENNIS  
EASTHAM  
FALMOUTH  
HARWICH  
MASHPEE  
ORLEANS  
PROVINCETOWN  
SANDWICH  
TRURO  
WELLFLEET  
YARMOUTH

### **BERKSHIRE:**

ADAMS  
ALFORD  
BECKET  
CHESIRE  
CLARKSBURG  
DALTON  
EGREMONT  
FLORIDA  
GR. BARRINGTON  
HANCOCK  
HINSDALE  
LANESBOROUGH  
LEE  
LENOX  
MONTEREY  
MNT. WASHINGTON  
NEW ASHFORD  
NEW  
MARLBOROUGH  
NORTH ADAMS  
OTIS  
PERU  
PITSFIELD  
RICHMOND  
SANDSFIELD  
SAVOY  
SHEFFIELD  
STOCKBRIDGE  
TYRINGHAM  
WASHINGTON  
W. STOCKBRIDGE  
WILLIAMSTOWN  
WINDSOR

### **BRISTOL:**

ACUSHNET  
ATTLEBORO  
BERKLEY  
DARTMOUTH  
DIGHTON  
EASTON  
FAIRHAVEN  
FALL RIVER  
FREETOWN  
MANSFIELD

NEW BEDFORD  
N. ATTLEBOROUGH  
NORTON  
RAYNHAM  
REHOBETH  
SEEKONK  
SOMERSET  
SWANSEA  
TAUNTON  
WESTPORT

### **DUKES:**

CHILMARK  
EDGARTOWN  
GAY HEAD  
GOSNOLD  
OAK BLUFFS  
TISBURY  
W. TISBURY

### **ESSEX:**

AMESBURY  
ANDOVER  
BEVERLY  
OXFORD  
DANVERS  
ESSEX  
GEORGETOWN  
GLOUCESTER  
GROVELAND  
HAMILTON  
HAVERHILL  
IPSWICH  
LAWRENCE  
LYNN  
LYNNFIELD  
MANCHESTER  
MARBLEHEAD  
MERRIMACK  
METHUEN  
MIDDLETOWN  
NAHANT  
NEWBURYPORT  
N. ANDOVER  
PEABODY  
ROCKPORT  
ROWLEY  
SALEM  
SALISBURY  
SAUGUS  
SWAMPSCOTT  
TOPSFIELD  
WENHAM  
W. NEWBURY

### **FRANKLIN:**

ASHFIELD  
BERNARDSTON  
BUCKLAND  
CHARLEMONT  
COLRAIN  
CONWAY  
DEERFIELD

ERVING  
GILL  
GREENFIELD  
HAWLEY  
HEATH  
LEVERETT  
LEYDEN  
MONROE  
MONTAGUE  
NEW SALEM  
NROTHFIELD  
ORGANGE  
ROWE  
SHELburne  
SHUTESUBY  
SUNDERLAND  
WARWICK  
WENDELL  
WHATELY

### **HAMPDEN:**

AGAWAM  
LANFORD  
BRIMFIELD  
CHESTER  
CHICOPEE  
E. LONGMEADOW  
GRANVILLE  
HAMPDEN  
HOLLAND  
HOLYOKE  
LONGMEADOW  
LUDLOW  
MONSON  
MONTGOMERY  
PALMER  
RUSSELL  
SOUTHWICK  
SPRINGFIELD  
TOLLAND  
WALES  
W. SPRINGFIELD  
WILBRAHAM

### **HAMPSHIRE:**

AMHERST  
BELCHERTOWN  
CHESTERFIELD  
CUMMINGTON  
EASTHAMPTON  
GOSHEN  
GRANDBY  
HADLEY  
HATFIELD  
HUNTINGTON  
MIDDLEFIELD  
NORTHAMPTON  
PELHAM  
LAINFIELD  
SOUTH HADLEY  
SOUTHAMPTON  
WARE  
WESTHAMPTON  
WILLIAMSBURG

WORTHINGTON

### **MIDDLESEX:**

ACTON  
ARLINGTON  
ASHBY  
ASHLAND  
AYER  
BEDFORD  
BELMONT  
BILLERICA  
BOXBOROUGH  
BURLINGTON  
CAMBRIDGE  
CARLISLE  
CHELMSFORD  
CONCORD  
DRACUT  
DUNSTABLE  
EVERETT  
FRAMINGHAM  
GROTON  
HOLLISTON  
HOPKINGTON  
HUDSON  
LEXINGTON  
LINCOLN  
LITTLETON  
LOWELL  
MALDEN  
MARLBOROUGH  
MAYNARD  
MEDFORD  
MELROSE  
NATICK  
NEWTON  
N. READING  
PEPERELL  
READING  
SHERBORN  
SHIRLEY  
SOMERVILLE  
STONEHAM  
STOW  
SUDBURY  
TEWKSBURY  
TOWNSEND  
TYNGSBOROUGH  
WAKEFIELD  
WALTHAM  
WATERTOWN  
WAYLAND  
WESTFORD  
WESTON  
WILMINGTON  
WINCHESTER  
WOBBURN

### **NANTUCKET:**

NANTUCKET

### **NORFOLK:**

AVON  
BELLINGHAM  
BRAINTREE  
BROOKLINE  
CANTON  
COHASSET  
DEDHAM  
DOVER  
FORXBORO  
FRANKLIN  
HOLBROOK  
MEDFIELD  
MEDWAY  
MILLIS  
MILTON  
NEEDHAM  
NORFOLK  
NORWOOD  
PLAINVILLE  
QUINCY  
RANDOLPH  
SHARON  
STOUGHTON  
WALPOLE  
WELLESLEY  
WESTWOOD  
WEYMOUTH  
WRENTHAM

### **PLYMOUTH:**

ABINGTON  
BRIDGEWATER  
BROCKTON  
CARVER  
DUXBURY  
E. BRIDGEWATER  
HALIFAX  
HANOVER  
HANSON  
HINGHAM  
HULL  
KINGSTON  
LAKEVILLE  
MARION  
MARSHFIELD  
MATTAPOISETT  
MIDDLEBOROUGH  
NORWELL  
PEMBROKE  
PLYMOUTH  
PLYMPTON  
ROCHESTER  
ROCKLAND  
SCITUATE  
WAREHAM  
W. BRIDGEWATER  
WHITMAN

### **SUFFOLK:**

BOSTON  
CHELSEA  
REVERE  
WINTHROP

### **WORCESTER:**

ASHBURNHAM  
ATHOL  
AUBURN  
BARRE  
BERLIN  
BLACKSTONE  
BOLTON  
BOYLSTON  
BROOKFIELD  
CARLTON  
CLINTON  
DOUGLAS  
DUDLEY  
E. BROOKFIELD  
FITCHBURG  
GARDNER  
GRAFTON  
HARDWICK  
HARVARD  
HOLDEN  
HOPEDALE  
HUBBARDSTON  
LANCASTER  
LEICESTER  
LEOMINSTER  
LUNENBURG  
MENDON  
MILFORD  
MILLBURY  
MILLVILLE  
NEW BRAINTREE  
N. BROOKFIELD  
NORTHBOROUGH  
NORTHBRIDGE  
OAKHAM  
OXFORD  
PAXTON  
PETERSHAM  
PILLIPSTON  
PRINCETON  
ROYALSTON  
RUTLAND  
SHREWSBURY  
SOUTHBOROUGH  
SPENCER  
STERLING  
STURBRIDGE  
SUTTON  
TEMPLETON  
UPTON  
UXBRIDGE  
WARREN  
WEBSTER  
W. BOYLSTON  
W. BROOKFIELD  
WESTBOROUGH  
WESTMINSTER  
WINCHENDON  
WORCESTER

## PARITY PERCENTAGES TO BE USED IN COMPLETING FORM B

**NOTE:**     *You need to state goals only when you expect to be doing any hiring or promoting into a job category AND there is under-utilization in that category.*

**IMPORTANT: USE 12% FOR PARITY IN ANY JOB CATEGORY WHEN CALCULATING PARITY FOR PERSONS WITH DISABILITIES.**

**USE THE DATA BELOW TO COMPLETE PART TWO OF FORM B (GOAL SETTING) BY FIRST IDENTIFYING THE COUNTY WHERE YOU ARE LOCATED (SEE ABOVE).**

SOURCE: State Office for Affirmative Action analysis of 1990 UNITED STATES CENSUS data								
<b>MASSACHUSETTS TOTAL</b>	OFFICIAL/ ADMIN.	PROFESSIONAL	TECHNICAL	PROTECTIVE SERVICE	PARAPROFES SIONAL	OFFICE CLERICAL	SKILLED CRAFT	SERV. MAINTENANCE
MINORITIES	6.5%	8.1%	11.1%	17.2%	17.2%	9.3%	11.9%	11.4%
BLACK	2.9%	2.9%	3.9%	7.3%	7.3%	4.8%	3.6%	5.1%
HISPANIC	1.6%	2.0%	2.3%	6.4%	6.4%	2.5%	5.6%	4.8%
ASIAN	1.7%	2.9%	4.4%	2.7%	2.7%	1.5%	2.0%	.8%
NATIVE AMERICAN	.1%	.1%	.2%	.2%	.2%	.1%	.2%	.2%
WOMEN	43.0%	53.7%	45.5%	54.2%	54.2%	75.9%	21.2%	15.2%

SOURCE: State Office for Affirmative Action analysis of 1990 UNITED STATES CENSUS data								
<b>BARNSTABLE COUNTY</b>	OFFICIAL/ ADMIN.	PROFESSIONAL	TECHNICAL	PROTECTIVE SERVICE	PARAPROFES SIONAL	OFFICE CLERICAL	SKILLED CRAFT	SERV. MAINTENANCE
MINORITIES	3.1%	3.2%	4.1%	7.1%	7.1%	3.3%	5.1%	7.4%
BLACK	1.3%	1.0%	1.0%	2.4%	2.4%	1.3%	1.7%	2.7%
HISPANIC	.5%	.7%	.9%	2.1%	2.1%	.7%	1.4%	1.2%
ASIAN	.5%	.7%	.8%	.5%	.5%	.2%	.5%	.3%
NATIVE AMERICAN	.6%	.2%	.6%	.8%	.8%	.3%	.5%	.7%
WOMEN	41.0%	58.3%	45.1%	60.0%	60.0%	79.1%	13.7%	15.3%

SOURCE: State Office for Affirmative Action analysis of 1990 UNITED STATES CENSUS data								
<b>BERKSHIRE COUNTY</b>	OFFICIAL/ ADMIN.	PROFESSIONAL	TECHNICAL	PROTECTIVE SERVICE	PARAPROFES SIONAL	OFFICE CLERICAL	SKILLED CRAFT	SERV. MAINTENANCE
MINORITIES	2.4%	4.0%	2.9%	5.7%	5.7%	2.0%	2.8%	3.2%
BLACK	.8%	2.0%	.9%	2.9%	2.9%	1.1%	1.5%	1.1%
HISPANIC	1.0%	.8%	.9%	1.0%	1.0%	.5%	.5%	.5%
ASIAN	.4%	.8%	.8%	1.5%	1.5%	.2%	.6%	.6%
NATIVE AMERICAN	.2%	.3%	.3%	.3%	.3%	.2%	.1%	.8%
WOMEN	40.5%	53.8%	50.0%	58.6%	58.6%	79.8%	16.4%	14.0%

SOURCE: State Office for Affirmative Action analysis of 1990 UNITED STATES CENSUS data								
<b>BRISTOL COUNTY</b>	OFFICIAL/ ADMIN.	PROFESSIONAL	TECHNICAL	PROTECTIVE SERVICE	PARAPROFES SIONAL	OFFICE CLERICAL	SKILLED CRAFT	SERV. MAINTENACE
MINORITIES	3.3%	4.1%	4.9%	6.4%	6.4%	4.3%	5.5%	4.7%
BLACK	1.0%	1.0%	1.5%	1.5%	1.5%	1.5%	1.0%	1.2%
HISPANIC	.6%	1.1%	.6%	2.6%	2.6%	1.2%	2.6%	1.8%
ASIAN	.7%	1.2%	1.5%	1.0%	1.0%	.4%	.4%	.2%
NATIVE AMERICAN	.2%	.1%	.3%	.2%	.2%	.2%	.1%	.1%
WOMEN	40.6%	58.8%	46.7%	55.3%	55.3%	78.5%	30.5%	15.5%

SOURCE: State Office for Affirmative Action analysis of 1990 UNITED STATES CENSUS data								
<b>DUKES COUNTY</b>	OFFICIAL/ ADMIN.	PROFESSIONAL	TECHNICAL	PROTECTIVE SERVICE	PARAPROFES SIONAL	OFFICE CLERICAL	SKILLED CRAFT	SERV. MAINTENACE
MINORITIES	5.6%	6.2%	10.3%	8.5%	8.5%	6.5%	7.2%	10.3%
BLACK	.9%	5.4%	1.7%	2.7%	2.7%	2.2%	3.3%	4.2%
HISPANIC	.6%	0%	0%	1.2%	1.2%	0%	.2%	3.0%
ASIAN	1.3%	0%	0%	1.2%	1.2%	0%	.2%	0%
NATIVE AMERICAN	1.2%	.5%	8.6%	3.3%	3.3%	3.4%	3.3%	3.2%
WOMEN	49.4%	56.8%	62.1%	64.1%	64.1%	84.7%	7.2%	10.1%

SOURCE: State Office for Affirmative Action analysis of 1990 UNITED STATES CENSUS data								
<b>ESSEX COUNTY</b>	OFFICIAL/ ADMIN.	PROFESSIONAL	TECHNICAL	PROTECTIVE SERVICE	PARAPROFES SIONAL	OFFICE CLERICAL	SKILLED CRAFT	SERV. MAINTENACE
MINORITIES	3.5%	4.6%	7.0%	12.7%	12.7%	5.8%	13.5%	10.0%
BLACK	.8%	.9%	1.8%	2.5%	2.5%	1.6%	1.4%	1.7%
HISPANIC	1.7%	2.0%	3.3%	8.9%	8.9%	3.3%	10.5%	6.9%
ASIAN	.9%	1.6%	1.7%	1.2%	1.2%	.8%	1.4%	1.1%
NATIVE AMERICAN	.1%	.1%	.2%	.0%	.0%	.1%	.2%	.2%
WOMEN	40.5%	53.2%	44.7%	55.4%	55.4%	76.7%	22.6%	17.9%

SOURCE: State Office for Affirmative Action analysis of 1990 UNITED STATES CENSUS data								
<b>FRANKLIN COUNTY</b>	OFFICIAL/ ADMIN.	PROFESSIONAL	TECHNICAL	PROTECTIVE SERVICE	PARAPROFES SIONAL	OFFICE CLERICAL	SKILLED CRAFT	SERV. MAINTENACE
MINORITIES	1.7%	2.3%	2.4%	3.4%	3.4%	1.4%	2.5%	3.4%
BLACK	.6%	.6%	.5%	.1%	.1%	.1%	.7%	1.5%
HISPANIC	.3%	.6%	.6%	1.1%	1.1%	.8%	.6%	1.5%
ASIAN	.5%	.7%	1.1%	1.5%	1.5%	.6%	.9%	.0%
NATIVE AMERICAN	.2%	.1%	.2%	.6%	.6%	.0%	.3%	.4%
WOMEN	44.5%	57.9%	50.1%	64.9%	64.9%	81.2%	11.8%	26.9%



SOURCE: State Office for Affirmative Action analysis of 1990 UNITED STATES CENSUS data								
<b>HAMPDEN COUNTY</b>	OFFICIAL/ ADMIN.	PROFESSIONAL <sup>8</sup>	TECHNICAL	PROTECTIVE SERVICE	PARAPROFES SIONAL	OFFICE CLERICAL	SKILLED CRAFT	SERV. MAINTENACE
MINORITIES	8.0%	9.8%	9.2%	19.7%	19.7%	11.0%	15.6%	15.2%
BLACK	4.5%	5.0%	5.8%	11.1%	11.1%	6.3%	6.4%	6.9%
HISPANIC	2.6%	3.6%	2.7%	7.4%	7.4%	3.9%	8.1%	7.9%
ASIAN	.8%	.9%	.5%	.9%	.9%	.6%	.8%	.3%
NATIVE AMERICAN	.2%	.2%	.1%	.1%	.1%	.1%	.3%	.0%
WOMEN	41.7%	59.2%	48.7%	57.4%	57.4%	75.8%	21.0%	16.1%

SOURCE: State Office for Affirmative Action analysis of 1990 UNITED STATES CENSUS data								
<b>HAMPSHIRE COUNTY</b>	OFFICIAL/ ADMIN.	PROFESSIONAL	TECHNICAL	PROTECTIVE SERVICE <sup>7,9</sup>	PARAPROFES SIONAL	OFFICE CLERICAL	SKILLED CRAFT	SERV. MAINTENACE
MINORITIES	4.4%	10.5%	11.3%	7.9%	7.9%	7.8%	3.9%	3.0%
BLACK	1.2%	2.2%	1.4%	2.2%	2.2%	2.1%	.5%	.2%
HISPANIC	.9%	3.3%	4.3%	2.7%	2.7%	2.3%	1.7%	1.7%
ASIAN	2.2%	5.1%	5.0%	2.7%	2.7%	3.1%	1.1%	.9%
NATIVE AMERICAN	.0%	.0%	.2%	.2%	.2%	.2%	.5%	.0%
WOMEN	46.1%	57.8%	50.4%	60.9%	60.9%	77.2%	17.8%	17.2%

SOURCE: State Office for Affirmative Action analysis of 1990 UNITED STATES CENSUS data								
<b>MIDDLESEX COUNTY</b>	OFFICIAL/ ADMIN.	PROFESSIONAL	TECHNICAL	PROTECTIVE SERVICE	PARAPROFES SIONAL	OFFICE CLERICAL	SKILLED CRAFT	SERV. MAINTENACE
MINORITIES	6.0%	8.1%	12.4%	14.8%	14.8%	7.3%	11.0%	8.5%
BLACK	2.2%	1.8%	2.7%	5.2%	5.2%	2.9%	2.1%	3.0%
HISPANIC	1.2%	1.8%	2.1%	6.1%	6.1%	2.1%	4.9%	4.1%
ASIAN	2.5%	4.3%	7.4%	3.0%	3.0%	2.1%	3.6%	1.2%
NATIVE AMERICAN	.1%	.1%	.1%	.2%	.2%	.1%	.1%	.1%
WOMEN	44.3%	49.8%	43.6%	52.5%	52.5%	75.7%	20.3%	13.8%

SOURCE: State Office for Affirmative Action analysis of 1990 UNITED STATES CENSUS data								
<b>NANTUCKET COUNTY</b>	OFFICIAL/ ADMIN.	PROFESSIONAL	TECHNICAL	PROTECTIVE SERVICE	PARAPROFES SIONAL	OFFICE CLERICAL	SKILLED CRAFT <sup>3,2FT</sup>	SERV. MAINTENACE
MINORITIES	4.4%	1.6%	.0%	1.7%	1.7%	5.7%	3.2%	.0%
BLACK	2.9%	1.6%	.0%	1.7%	1.7%	5.7%	3.2%	.0%
HISPANIC	.0%	.0%	.0%	.0%	.0%	.0%	.0%	.0%
ASIAN	.0%	.0%	.0%	.0%	.0%	.0%	.0%	.0%
NATIVE AMERICAN	.0%	.0%	.0%	.0%	.0%	.0%	.0%	.0%
WOMEN	46.6%	70.0%	68.9%	62.2%	62.2%	72.7%	6.7%	17.7%

SOURCE: State Office for Affirmative Action analysis of 1990 UNITED STATES CENSUS data								
<b>NORFOLK COUNTY</b>	OFFICIAL/ ADMIN.	PROFESSIONAL	TECHNICAL	PROTECTIVE SERVICE	PARAPROFES SIONAL	OFFICE CLERICAL	SKILLED CRAFT	SERV. MAINTENACE
MINORITIES	4.9%	6.3%	9.4%	9.5%	9.5%	5.1%	5.0%	3.4%
BLACK	1.5%	1.9%	2.4%	2.3%	2.3%	1.8%	1.0%	1.5%
HISPANIC	.9%	1.1%	1.4%	1.7%	1.7%	1.2%	1.3%	.0%
ASIAN	2.5%	3.2%	5.4%	5.2%	5.2%	2.0%	2.1%	.8%
NATIVE AMERICAN	.0%	.1%	.2%	.1%	.1%	.1%	.2%	.0%
WOMEN	41.9%	54.0%	48.6%	51.0%	51.0%	76.4%	17.1%	12.3%

SOURCE: State Office for Affirmative Action analysis of 1990 UNITED STATES CENSUS data								
<b>PLYMOUTH COUNTY</b>	OFFICIAL/ ADMIN.	PROFESSIONAL	TECHNICAL	PROTECTIVE SERVICE	PARAPROFES SIONAL	OFFICE CLERICAL	SKILLED CRAFT	SERV. MAINTENACE
MINORITIES	4.6%	4.1%	4.8%	9.5%	9.5%	5.1%	8.4%	7.5%
BLACK	2.6%	2.0%	2.5%	4.4%	4.4%	1.9%	3.0%	3.6%
HISPANIC	.9%	1.0%	1.0%	2.2%	2.2%	.9%	2.1%	1.8%
ASIAN	.4%	.7%	1.1%	1.0%	1.0%	.4%	1.1%	.4%
NATIVE AMERICAN	.2%	.1%	.1%	.5%	.5%	.2%	.3%	.1%
WOMEN	39.9%	58.4%	46.1%	55.5%	55.5%	77.8%	17.3%	17.4%

SOURCE: State Office for Affirmative Action analysis of 1990 UNITED STATES CENSUS data								
<b>SUFFOLK COUNTY</b>	OFFICIAL/ ADMIN.	PROFESSIONAL	TECHNICAL	PROTECTIVE SERVICE	PARAPROFES SIONAL	OFFICE CLERICAL	SKILLED CRAFT	SERV. MAINTENACE
MINORITIES	20.2%	21.3%	29.8%	51.0%	51.0%	30.7%	33.3%	40.3%
BLACK	12.4%	12.0%	16.7%	26.3%	26.3%	20.9%	16.5%	25.4%
HISPANIC	4.3%	4.7%	5.1%	16.6%	16.6%	6.0%	11.0%	12.1%
ASIAN	3.0%	4.1%	6.9%	6.7%	6.7%	3.2%	4.4%	1.5%
NATIVE AMERICAN	.2%	.3%	.4%	.3%	.3%	.2%	.1%	.2%
WOMEN	49.6%	53.7%	45.3%	46.8%	46.8%	70.0%	18.5%	14.1%

SOURCE: State Office for Affirmative Action analysis of 1990 UNITED STATES CENSUS data								
<b>WORCESTER COUNTY</b>	OFFICIAL/ ADMIN.	PROFESSIONAL	TECHNICAL	PROTECTIVE SERVICE	PARAPROFES SIONAL	OFFICE CLERICAL	SKILLED CRAFT	SERV. MAINTENACE
MINORITIES	3.7%	5.3%	5.8%	8.5%	8.5%	4.7%	9.5%	7.9%
BLACK	1.4%	1.2%	1.2%	2.8%	2.8%	1.6%	1.3%	1.5%
HISPANIC	1.5%	1.6%	1.9%	4.3%	4.3%	2.2%	5.8%	5.1%
ASIAN	.7%	2.3%	2.5%	1.1%	1.1%	.7%	2.1%	.9%
NATIVE AMERICAN	.1%	.1%	.2%	.2%	.2%	.1%	.2%	.3%
WOMEN	40.3%	53.9%	43.6%	58.2%	58.2%	77.2%	19.9%	15.5%

## FY 2002 PROGRAM CODES IN USE FOR EOHHS POS ACTIVITY (M03/MM3)

(Excludes SALR - Salary Reserve code which, while used on Salary Reserve distribution contracts for accounting purposes, does not constitute a free standing program type.)

Dept	Program Code	Program_Name
DMH	3007	PROGRAM MANAGEMENT
DMH	3015	CLIENT & COMMUNITY EMPOWERMENT
DMH	3020	COMPREHENSIVE STAFF TRAINING
DMH	3021	PSYCHIATRIC RESIDENCY TRAINING
DMH	3022	MULTI-DISCIPLINARY TRAINING
DMH	3023	RESEARCH
DMH	3024	PRE-SCREENING AND ASSESSMENT
DMH	3026	CORRECTIONAL MENTAL HEALTH SVC
DMH	3027	ADULT FORENSIC COURT SERV
DMH	3029	DISASTER CRISIS COUNSELING
DMH	3031	PRGM OF ASSERTIVE COMMUNITY TX
DMH	3034	CLUBHOUSE SERVICES
DMH	3036	SERV FOR EDUCATION & EMPLOYMNT
DMH	3037	DAY REHABILITATION
DMH	3039	HOMELESS SUPPORT SERVICES
DMH	3048	RESPIRE CARE SERVICES
DMH	3049	ADULT RESIDENTIAL SERVICES
DMH	3050	CONTR. ADULT OUTPATIENT SERV.
DMH	3051	CONTRACTED DAY TREATMENT
DMH	3053	DROP-IN CENTER/SOCIAL CLUB
DMH	3056	INDIVIDUAL SUPPORT
DMH	3057	JUV. COURT CLINIC FORESNS SERV
DMH	3058	FAMILY/CAREGIVER SUPPORT
DMH	3059	COMMUNITY REHABILITATIVE SUPPO
DMH	3064	CONTR. CHILD/ADOLE.OTPNT SRV
DMH	3065	COMMUNITY & SCHOOL SPT
DMH	3066	INDIVID. & FAM FLEX SUPP. (BLANKET)
DMH	3068	DAY SERVICES
DMH	3075	INDIVIDUALIZED SUPPORT, RESID.
DMH	3079	CHILD/ADOL RESIDENTIAL SERVICE
DMH	3080	INTENSIVE RESIDENTIAL TREATMT
DMH	3081	CLINICALLY INTNSVE RESID TRTMT
DMH	3089	CHILD/ADOLESCENT CONTRACTED IN
DMH	3090	ADULT CONTRACTED INPATIENT SER
DMH	3122	RADIOLOGY
DMH	3132	COMPREHENSIVE PSYCHIATRIC SERV
DMH	3146	CMHC-CONTINUING CARE (NON-INPT)
DMH	CBES	COMMUNITY BASED EMPLOYMENT SV

DMR	3153	RESIDENTIAL SERVICES
DMR	3161	BLANKET RESIDENTIAL
DMR	3163	COMMUNITY BASED DAY SUPPORTS
DMR	3166	BLANKET DAY SERVICES
DMR	3168	EMPLOYMENT SUPPORTS
DMR	3170	CLINICAL TEAM
DMR	3174	SUPPORTIVE SERVICE BLANKET
DMR	3176	FAMILY SUPPORT
DMR	3177	INDIVIDUAL SUPPORT
DMR	3182	EMERGENCY RESIDENCE
DMR	3191	F & E/CORE
DMR	3197	BLANKET WORK SERVICES
DMR	3202	MEDICAL SERVICES
DMR	3207	DENTISTRY SERVICE
DMR	3208	PSYCHIATRY SERVICE
DMR	3253	VISUALLY IMPAIRED SERVICE
DMR	3279	GUARDIANSHIP SERVICES
DMR	CBES	COMMUNITY BASED EMPLOYMENT SV
DPH	3301	JAILS
DPH	3302	SUMMER CAMP SERVICES
DPH	3304	STUDENT INDEPEND. LIVING EXPER.
DPH	3305	OUTREACH AND REFERRAL
DPH	3300	COMPREHENSIVE HOME HEALTH
DPH	3306	SEARCH BSAS ED & ASSESS
DPH	3315	FIRST OFFENDER DRIVER
DPH	3317	EARLY INTERVENTION
DPH	3319	FAMILY PLANNING SERVICES
DPH	3321	GROWTH & NUTRITION PROGRMS
DPH	3322	ACT NOW HIV EARLY INTERV
DPH	3328	AIDS MIN CAP DEVELOPMENT
DPH	3329	TEWKSBURY STAB AND TRANS
DPH	3330	SPECIAL TRNG. PROJECTS (EI)
DPH	3334	HIV COUNSELING AND TESTING
DPH	3335	CHILDHOOD LEAD POISONING PREV
DPH	3340	COMBINED PRIMARY CARE
DPH	3343	HIV/AIDS ED. AND PREVENTION
DPH	3361	SEX ASSAULT.PREV.& SURV.
DPH	3366	POISON CONTROL
DPH	3375	WIC NUTRITION
DPH	3376	MASSCALL
DPH	3378	SUBSTANCE ABUSE DAY TREATMENT
DPH	3381	CHRONIC DISEASE PREVENTION
DPH	3383	ALT TREATMENT/VIOLENT OFF
DPH	3385	AMBULATORY SERVICES
DPH	3386	RESIDENTIAL TREATMENT
DPH	3389	SASI - SA SHELTER FOR IND
DPH	3392	SUPPORTIVE HOUSING

DPH	3395	INPATIENT DETOXIFICATION
DPH	3397	NARCOTIC TREATMENT
DPH	3400	CRIM JUSTICE PROG
DPH	3401	2ND OFFENDER RESIDENTIAL
DPH	3404	SERVICES UNINSUR CHILD/H_AWARE
DPH	3407	CIT REFERRALS
DPH	3410	STATE COOP STD CLINI
DPH	3412	COMPREHENSIVEDENTALCAREFLOURID
DPH	3414	YOUTH PROGRAMS
DPH	3415	E.I. AUTISTIC SERVICES
DPH	3416	HIV/AIDS SUPPORT HOUSING
DPH	3422	SCHOOL BASED HEALTH CENTERS
DPH	3423	HIV/AIDS RESEARCH TRNG. SUPP.
DPH	3424	TUBERCULOSIS CONTROL
DPH	3426	ADOLESCENT SERVICES
DPH	3427	MEDICAL SERV
DPH	3428	HIV/AIDS MULTI-SRV IN CHC
DPH	3429	SHELTER PROGRAM
DPH	3430	HIV/AIDS CONS & CLIENT SRV
DPH	3431	PEDIATRIC AIDS (MASS CARE)
DPH	3432	IMMUNIZATION PROGRAMS
DPH	3434	TRANSITIONAL SERVICES
DPH	3436	BREAST CANCER INITIATIVE
DPH	3438	TEEN CHALLENGE FUND
DPH	3440	COORD STAMP OUTREACH
DPH	3442	EMERG MED SERV FOR CHILDREN
DPH	3445	SPEC STABILIZATION ADOL
DPH	3447	COMMUNITY MOBILIZATION NETWORKS
DPH	3449	INNOVATIVE SMOKING INTERVENTION
DPH	3450	YOUTH ED & LEADERSHIP
DPH	3451	ENHANCED SCHOOL HLTH SVCS
DPH	3452	COMM HEALTH CENTER ENHANCEMENT
DPH	3453	COMM BASED CASE MGMT SERV
DPH	3454	FIRST STEPS
DPH	3455	SPEC'L RESIDENT SERVICES WOMEN
DPH	3457	TB CLINICS
DPH	3459	CHILD CARE (SUB.ABUSE)
DPH	3460	STD/TB PREV CLINICAL SRVS
DPH	3461	TOBACCO TREATMENT SERVICES
DPH	3463	MEN'S HEALTH PARTNERSHIPS
DPH	3467	REFUGEE HEALTH
DPH	3470	YOUTH RESIDENTIAL
DPH	3477	CHILD LEAD POISONING PREV
DPH	3478	MASSTART
DPH	3482	SPECIALIZED EARLY INTERVENTION
DPH	3486	BATTERER INTERVENTION PROGRAM
DSS	AMSS	ADOPTION MANAGEMENT
DSS	BWCP	BATTERED WOMEN & CHILD. PROG.

DSS	BWCS	BATTERED WOMEN & CHILDREN SERV
DSS	CSSC	COMMUNITY EDUCATION & TRAINING
DSS	CSSP	PROTECTIVE CONTRACTED SUPPORT
DSS	CSSS	CONTRACTED SERVICE MANAGEMENT
DSS	FBS0	FAMILY BASED SERVICE
DSS	FBSA	ADOLESCENT DAY PROGRAM
DSS	FBSC	CLINICAL FAMILY BASED SERVICE
DSS	FBSL	FAMILY BASED SERVICES LEAD
DSS	FBSS	SUPPORTIVE PREVENTIVE PROGRAMS
DSS	FOS0	FOSTER CARE
DSS	FOSC	CONTRACTED FOSTER CARE
DSS	FOSM	FOSTER CARE MANAGEMENT SUPPORT
DSS	RES0	RESIDENTIAL SERVICE
DSS	RESC	COMMONWORKS
DSS	RESG	GROUP HOME
DSS	RESS	RESIDENTIAL SHELTER
DSS	REST	RESIDENTIAL TREATMENT CENTERS
DYS	2500	SECURE TREATMENT
DYS	2501	SECURE DETENTION
DYS	2502	ASSESSMENT
DYS	2503	GROUP CARE
DYS	2504	FOSTER CARE
DYS	2505	REVOCATION
DYS	2506	RESIDENTIAL SERVICES BLANKET
DYS	2507	OUTREACH TRACKING
DYS	2508	EDUCATIONAL SERVICES
DYS	2509	SPECIALIZED FOSTER CARE
DYS	2510	DETENTION DIVERSION
DYS	2512	LONG TERM GROUP CARE
DYS	2513	MEDICAL SERVICES
DYS	2514	DAY REPORTING CENTER
DYS	2515	DIAGNOSTIC
DYS	2516	TRANS. INDEP. LIVING PROGRAM
DYS	2517	SUPPORT SERVICES
DYS	2518	JUVENILE OFFENDER BOOT CAMP.
DYS	2519	NON - TRADITIONAL
DTA	2833	ESP-YNG PRNTS PRGM/BAY ST SKIL
DTA	2834	ESP-SUPPORTED WORK
DTA	2838	EAEDC CONTRACTS
DTA	2839	HOMELESS CONTRACTS
DTA	2862	HOUSING ASSISTANCE PROGRAM
DTA	2867	HEALTH CARE FOR HOMELESS
DTA	2868	ESP-SERVICE DELIVERY AREA
DTA	2880	EPS: MENTORING SERVICES
DTA	2890	SELF ESTEEM GRANT
DTA	2891	TRANSPORTATION ASSISTANCE PROG
DTA	2901	EA-FAM SHELTERS SCATTERED SITE

DTA	2905	BARNSTABLE PILOT CONTRACT
DTA	2909	SUPPORTED HOUSING GRANT - MRT
DTA	2920	HUD-GR.BOSTON STABLIZATN TEAM
HCF	2051	UNCOMPENSATED CARE POOL DEMOS
MCB	2100	MEDICAL EVALUATION - NonMedicaid
MCB	2101	MEDICAL EVALUATION - Medicaid
MCB	2102	DIAGNOSTIC & EVAL - NonMedicaid
MCB	2103	DIAGNOSTIC & EVAL - Medicaid
MCB	2104	HOME HEALTH AID - NonMedicaid
MCB	2109	PERSONAL VOC ADJUST. - NonMedicaid
MCB	2110	PERSONAL VOC ADJUSTMENT - Medicaid
MCB	2115	ON THE JOB TRAINING
MCB	2119	HOMEMAKER
MCB	2121	MOBILITY - NonMedicaid
MCB	2122	MOBILITY - Medicaid
MCB	2124	RESPIRE CARE
MCB	2131	CLT. INTERPRETER SERV. - NonMedicaid
MCB	2132	CLT. INTERPRETER SERV. - Medicaid
MCB	2142	DAY TREATMENT
MCB	2143	RESIDENTIAL/DAY PROG.
MCB	2151	RADIO READING
MCB	2156	ENGINEER GRP. CONSLT.
MCB	CBES	COMMUNITY BASED EMPLOYMENT SV
MCD	2451	DEAF/HOH INDEPEND. LIVING SERVICE
MCD	2452	MASS ASSISTIVE TECH. PARTNER
MRC	2200	MISC. VOC REHAB SVS
MRC	2201	VOCATIONAL SERVICES
MRC	2202	VR DEAF SERVICES
MRC	2205	EXTENDED EMPLOYMENT
MRC	2206	S.E.S. - ANCILLARY SERVICES
MRC	2207	VR CHAPTER 688
MRC	2208	VR INDEPENDENT LIVING
MRC	2209	VR PSYCHOLOGICAL REHABILITATION
MRC	2215	INDEPEND. LIVING - NONRESIDENTIAL
MRC	2216	INDEPEND. LIVING - RESIDENTIAL
MRC	2220	HOME CARE ASSISTANCE
MRC	2225	SHIP - NONRESIDENTIAL
MRC	2226	SHIP - RESIDENTIAL
MRC	2227	SHIP -ANCILLARY
MRC	CBES	COMMUNITY BASED EMPLOYMENT SV
OFC	2320	CHILD CARE RESOURCE/REFERRAL CN
OFC	2326	CHILD ABUSE PREVENTION-POS
OFC	3454	HEALTHY FAMILIES/FIRST STEPS
OFC	CHCX	BASIC CHILD CARE
OFC	CHCY	COMPREHENSIVE CHILD CARE
OFC	CHCZ	SPECIALIZED CHILD CARE

ORI	2003	DIRECT SERVICES
ORI	2004	COMMUNITY DEVELOPMENT
ORI	2005	COMM OUTREACH, EDUC, INFO

# EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

## ACCESSIBILITY GUIDE

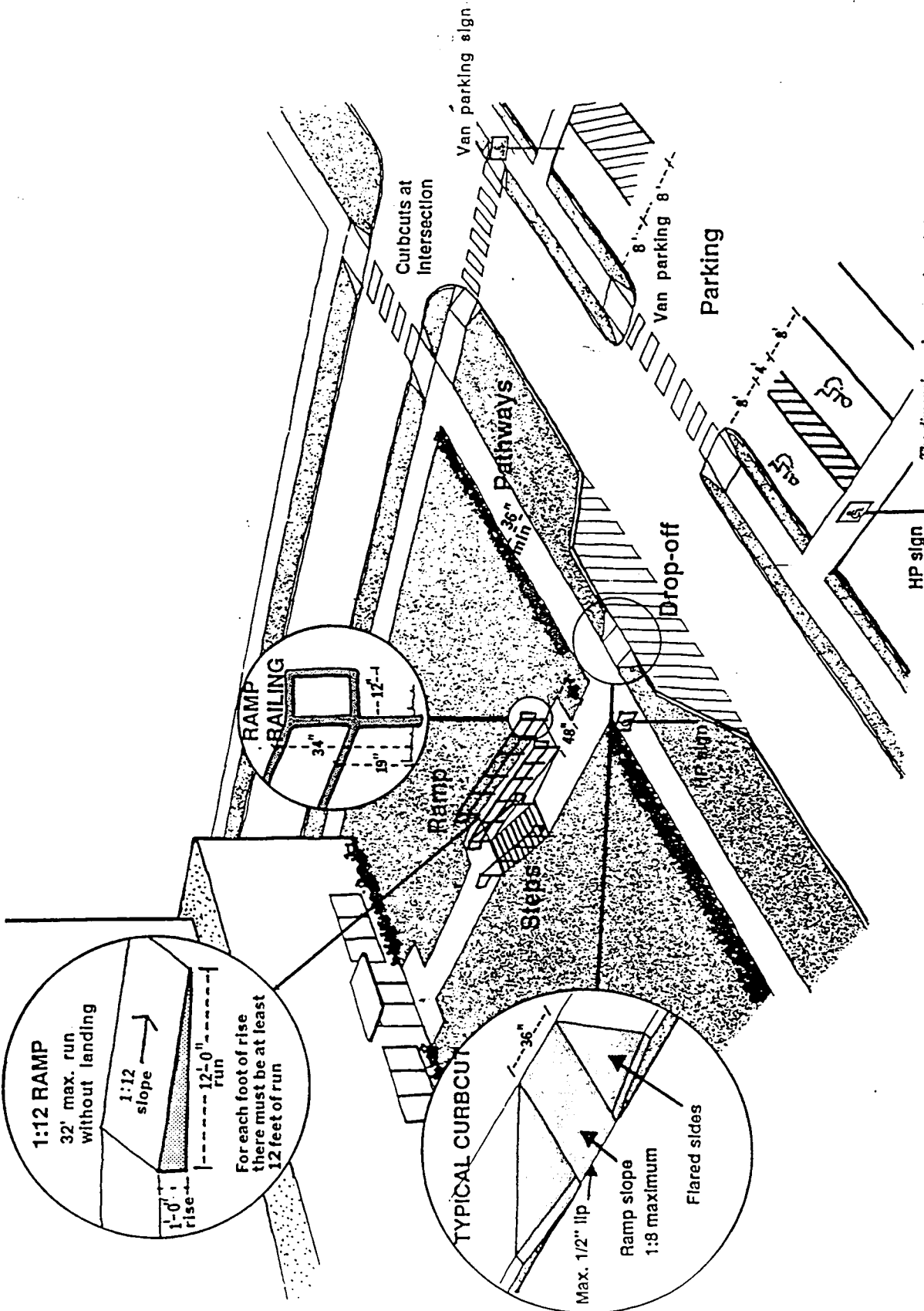
Please refer to this guide to assist your accessibility review. The guide consists of:

- **DRAWINGS and MEASUREMENT CONVERSIONS** to aid in understanding architectural measurements,.
- **CODE REFERENCES** to aid in understanding standards of accessibility,
- **MINOR STRUCTURAL CHANGES** to aid in devising possible modifications, a

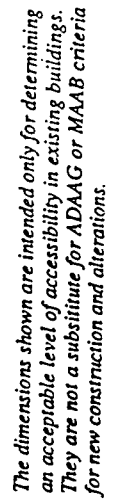
***Please contact the PPA AA/ADA Manager if you have any concerns on the use of this GUIDE or the completion of Forms M and G.***

*Note that the **Drawings and Measurement Conversions** section consists entirely of graphics. Persons with visual impairments should contact the PPA AA/ADA Manager for assistance in securing information regarding the content of the section.*

# SITE: Parking, Drop-off, Pathway, Steps and Ramp Measurement Guide



The dimensions shown are intended only for determining an acceptable level of accessibility in existing buildings. They are not a substitute for ADAAG or MAAB criteria for new construction and alterations.



## DOORWAYS

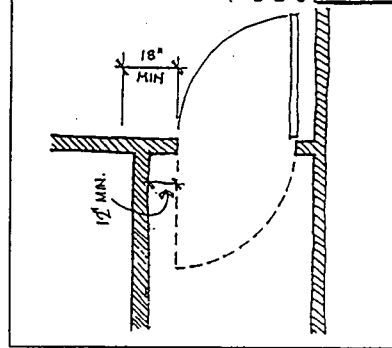
If an entrance has a series of doors and none of them are accessible, only one must be made accessible. The entrance selected to be made accessible must be a primary public entrance. It should be no more than 200' from the accessible parking or 100' from the drop off. Some additional criteria for determining which entrances should be accessible include:

- Whether it is referred to as the "main entrance" to the building (the entrance someone would direct you to);
- Whether it provides the most direct access to main corridors and elevators (if present) as well as major public function spaces at the entry level like an auditorium or cafeteria;
- Whether it is an entrance people use when they enter the building from visitor or staff parking areas.

Directions to the accessible door must be placed at all the inaccessible locations.

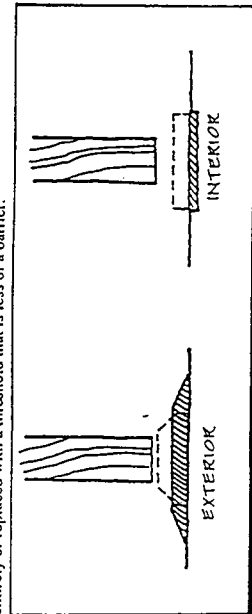
### Reverse door swing

If the door swing obstructs a corridor or there is insufficient clear space on the latch side of the door, a simple solution may be to reverse the swing of the door.



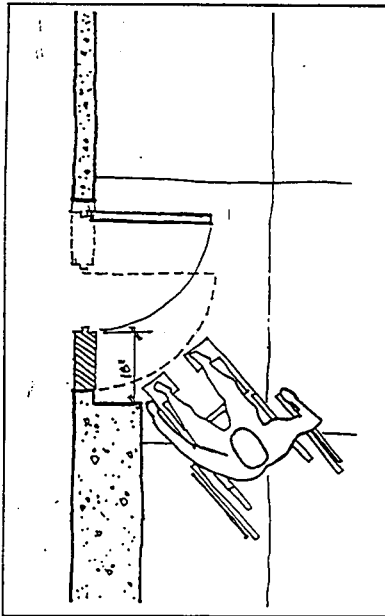
### Remove/replace threshold

Thresholds greater than 1/2 inch high are a barrier to both wheelchair users and people using canes or crutches because the tip gets trapped between the door leaf and the threshold. Depending on the construction of the existing threshold, it can be removed entirely or replaced with a threshold that is less of a barrier.



### Relocate door

Perhaps one of the most frequent problems for wheelchair users in buildings is pulling open doors without adequate space beside the latch. This can be solved by relocating the doors.



### Measurement Conversions

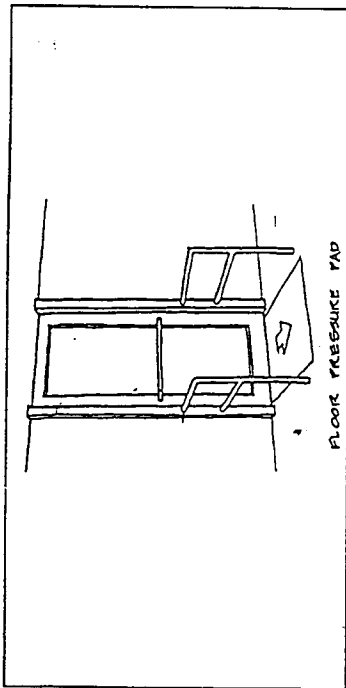
1 inch	=	0.08 foot
2 inches	=	0.17 foot
3 inches	=	0.25 foot
4 inches	=	0.33 foot
5 inches	=	0.42 foot
6 inches	=	0.50 foot
7 inches	=	0.58 foot
8 inches	=	0.67 foot
9 inches	=	0.75 foot
10 inches	=	0.83 foot
11 inches	=	0.92 foot
12 inches	=	1.00 foot



## DOORWAYS

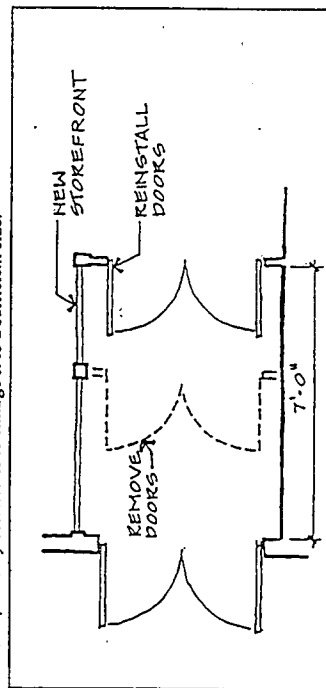
### Install automatic door opener

This solution is effective when there is a lot of traffic, when the existing door is too heavy, or when the 18 inch clear space on the latch side of the door is not available. It is also a possible modification when the vestibule is too small for a person in a wheelchair to manually open the door.



### Enlarge existing vestibule

A wheelchair user may get trapped in a vestibule between two sets of doors if she has insufficient room to maneuver clear of door swings. In bathrooms, the inner door can sometimes be removed entirely. If a vestibule is necessary, such as for privacy in a bathroom, the only solution is to enlarge it to a sufficient size.



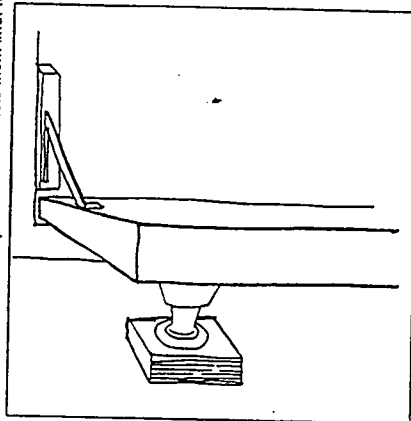
## DOORWAYS

### Replace door closer

Many people have difficulty opening doors equipped with door closers. They may intrinsically lack the strength, find it difficult to maneuver with a cane or difficult to pull when seated in a wheelchair. While some closer hardware can be adjusted, it is advisable to install a new closer with adjustable pressure and delayed action closing.

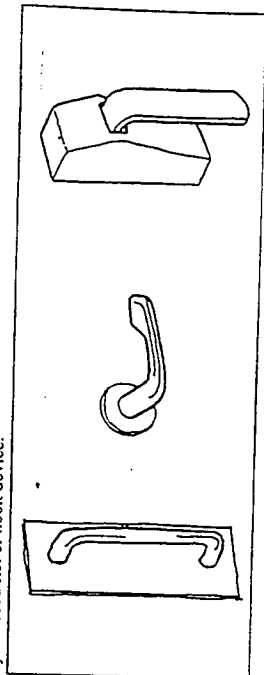
### Install hold-open device

Doors may be located at frequent intervals along a corridor for fire code compliance. They are often difficult for people to open. This can be solved by keeping them open with a magnetic hold-open device that lets them shut in case of fire.

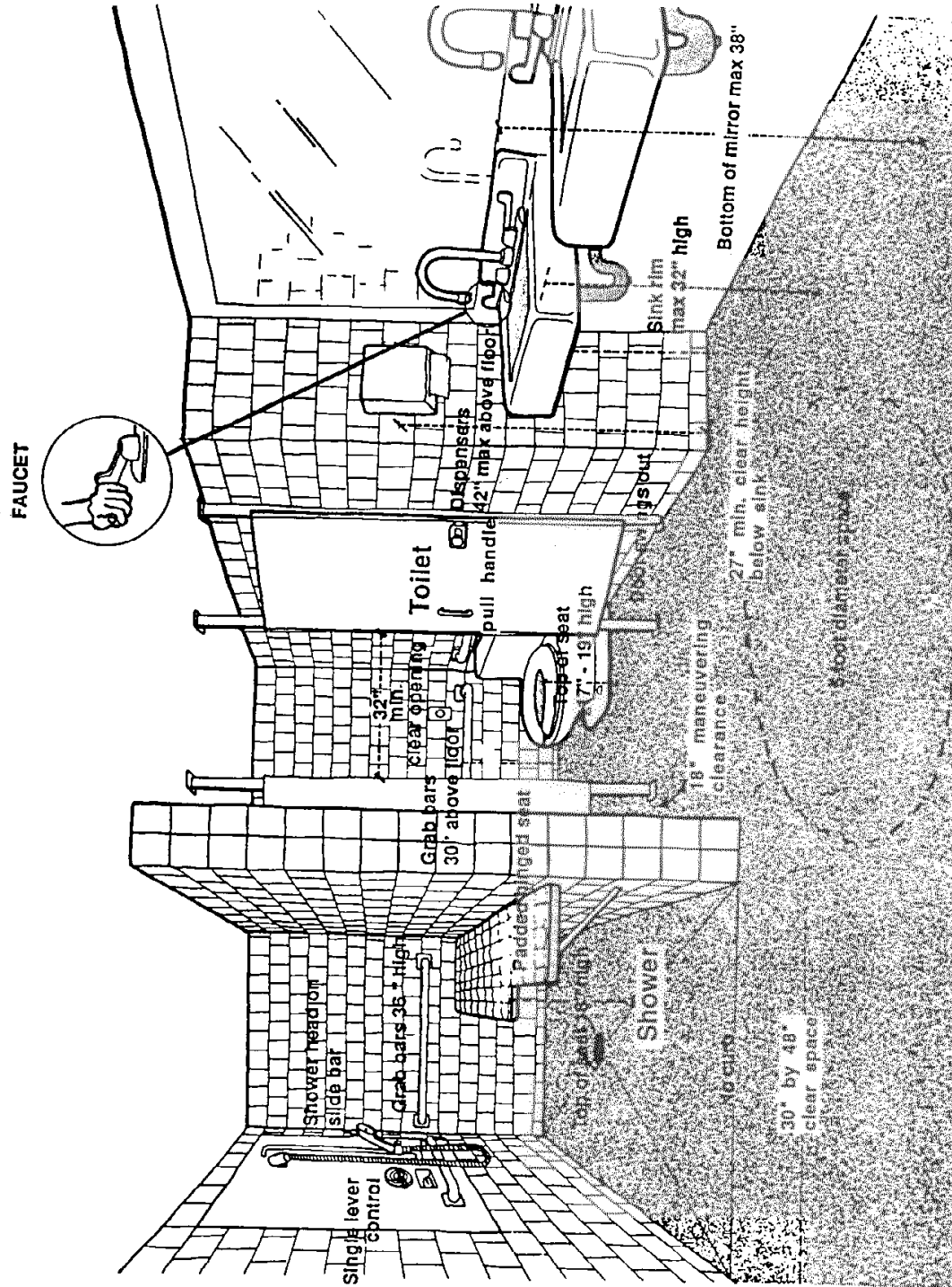


### Replace door-opening hardware

Grasping round door knobs is difficult for many people, especially those with arthritis. These should be replaced by push or pull bars or lever handles, which can be operated by a closed fist or hook device.



# SPACES: Toilet Room, Bathing Facility and Special Measurement Guide

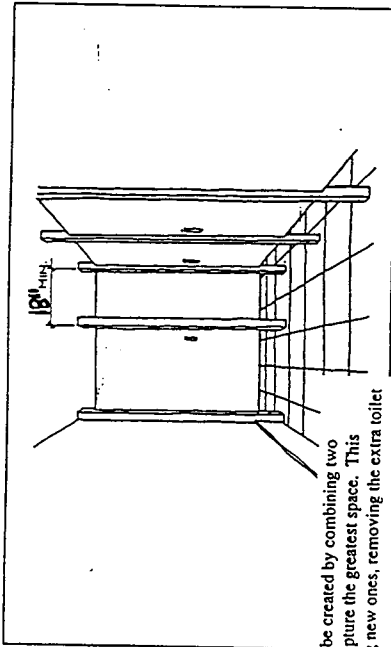


*The dimensions shown are intended only for determining an acceptable level of accessibility in existing buildings. They are not a substitute for ADAAG or MAB criteria for new construction and alterations.*

## TOILETS

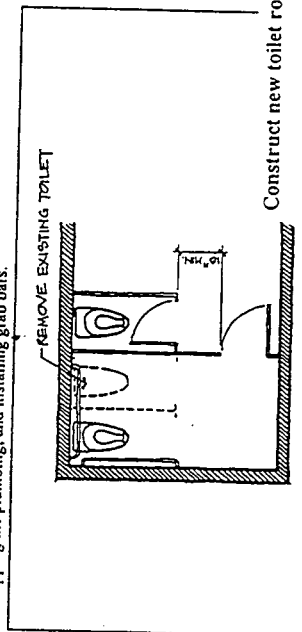
### Relocate toilet stall door

If an outswinging stall door obstructs passage in a toilet room or it is difficult to open because of inadequate space on the latch side, the partition and door should be reconfigured.



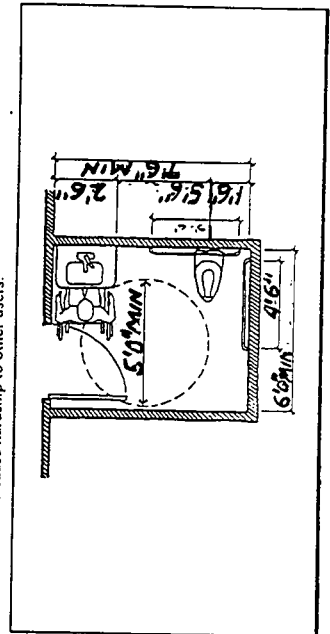
### Create accessible stall

In most public toilet rooms, an accessible stall can be created by combining two existing stalls - usually at the far end of a row to capture the greatest space. This involves removing existing partitions and installing new ones, removing the extra toilet and capping the plumbing, and installing grab bars.



### Construct new toilet room

If existing male and female toilet facilities are not currently accessible, it is possible that it will be less expensive and more effective to construct a new accessible toilet room for anyone who needs it, rather than renovate existing facilities. This may be a particularly good solution if the existing facilities are heavily used and removing a toilet fixture would cause hardship to other users.



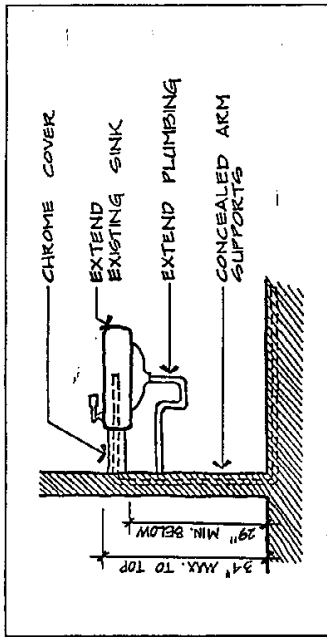
### Measurement Conversions

1 inch	=	0.08 foot
2 inches	=	0.17 foot
3 inches	=	0.25 foot
4 inches	=	0.33 foot
5 inches	=	0.42 foot
6 inches	=	0.50 foot
7 inches	=	0.58 foot
8 inches	=	0.67 foot
9 inches	=	0.75 foot
10 inches	=	0.83 foot
11 inches	=	0.92 foot
12 inches	=	1.00 foot

## TOILETS

### Replace/relocate sink

Wheelchair users often cannot use conventional sinks because of inadequate height or depth. A sink can be made accessible by installing extenders on a conventional sink to increase the depth or installing a new extended sink. If the sink is installed in a counter top, the entire counter can be raised to create enough space under the sink.



### Make urinal accessible

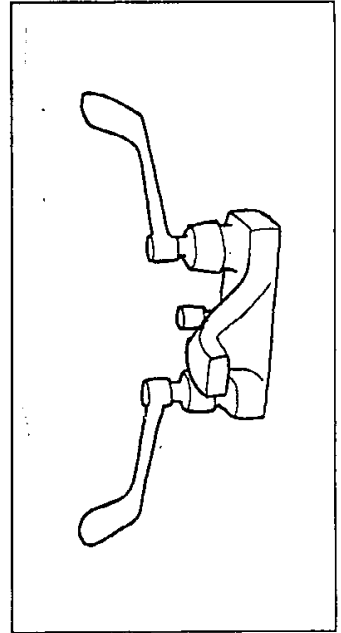
If a urinal is mounted with its rim above 17 inches, it is impossible to use for a person in a wheelchair. It can either be lowered - and the wall patched - or a new urinal can be installed at the proper height and adjacent to existing ones.

### Replace/relocate toilet

If a wall-hung toilet is mounted below 17 inches, it may not permit a safe transfer from a wheelchair and will need to be raised to be level with a wheelchair seat. When a floor-mounted toilet is below 17 inches, it will have to be replaced with a new toilet which has a seat at the proper height.

### Install operable faucets

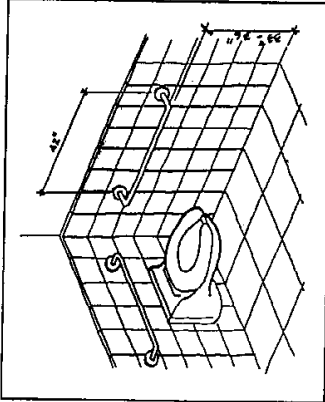
People lacking strength in their arms, people with arthritis, and amputees often cannot grasp a round faucet knob. A lever handle makes it possible to turn the water on and off.



## TOILETS

### Add grab bar

Grab bars make it possible for many people to use toilets safely. A grab bar should be horizontal so that it can bear the weight of a body, and have an acid etched finish for easy gripping. A toilet needs two grab bars - one behind the toilet and one beside it.

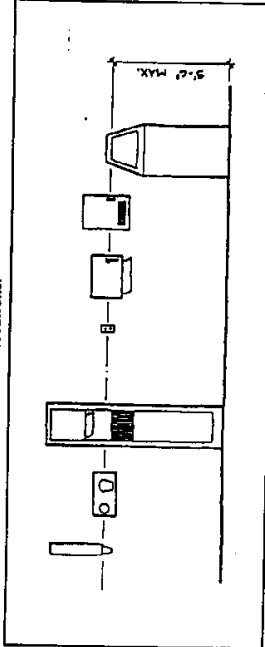


### Add mirror

Most mirrors above sinks are too high for people in wheelchairs. Tilted mirrors installed especially for wheelchair users are too low for tall people. A full height mirror allows all people to see themselves.

### Add accessories

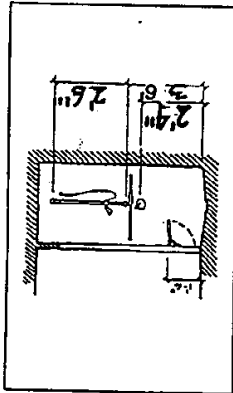
Paper towel dispensers, soap dispensers, hot air dryers, toilet paper dispensers and sanitary napkin dispensers are often mounted too high for wheelchair users to reach. Sometimes they are also located above the sink, beyond a person's reach. Additional dispensers should be added in accessible locations.



## BATHING FACILITIES

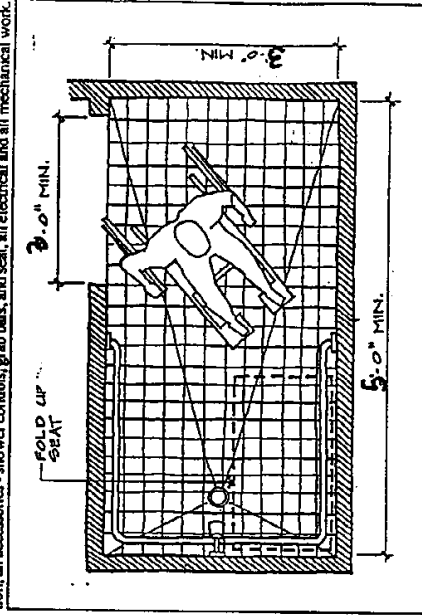
### Install new shower controls

Two accessory items that are helpful to people with disabilities are a single lever control or mixing valve that is easily operable with a closed fist and an adjustable shower head on a slide bar that helps a non-ambulatory person wash his whole body. The hand held shower is also useful when someone needs assistance in bathing.



### Add shower seat

For people who cannot stand while showering and older people who have balance problems, a bench makes it easier to use the shower. By being hinged, it affords the flexibility of the shower also being used by those who do not need the seat. Padding is critical for the safe use by most individuals.



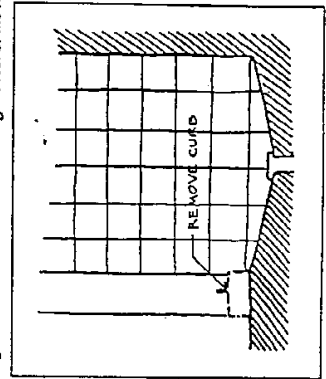
## BATHING FACILITIES

### Construct new shower

There are specific elements of a shower that are critical to people with mobility impairments - having a place to sit down, adjustable controls, and grab bars. In gang showers such as those found in locker rooms, these are best provided by constructing a separate new shower. The ADAAG configuration for grab bars in showers is slightly different from that shown here in accordance with MAAAB. This modification includes demolition, all accessories - shower controls, grab bars, and seat, all electrical and all mechanical work.

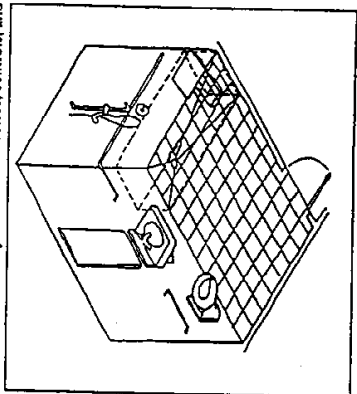
### Remove curbing

For people who cannot transfer from a wheelchair onto a shower seat, it is particularly important to be able to wheel directly into the shower stall. This is only possible if there is no curb. When a curb is removed, the floor needs to be pitched away from that edge to a floor drain to avoid flooding the rest of the room.



### Replace tub with shower

Many people cannot use, or are afraid to use, bathtubs. Bathtubs are particularly inconvenient to people in wheelchairs unless there is a seat at the end of the tub. In existing residential bathrooms, it is often impossible to add a built-in seat. One solution is to remove the tub entirely and use the space as a shower stall. This modification includes all necessary shower accessories, controls, and seat.



## Code References

The Survey Forms and Measurement Guides and the Modifications Catalog apply two slightly different standards of accessibility, one for existing buildings and the other for renovation and new construction. Both are based on the ADA Accessibility Guidelines (ADAAG) and the Massachusetts Architectural Access Board (MAAB) standards. In a number of instances, however, the Survey Forms and the Measurement Guides, which are used to determine whether existing buildings are accessible, use selected, less stringent ADAAG, Uniform Federal Accessibility Standards (UFAS) or American National Standards Institute (ANSI) standards because research has shown that they provide adequate accessibility for most people. In these instances, modifications to achieve the more stringent requirements may not be cost effective. New construction and renovations undertaken to correct barriers identified by the Survey Forms (or for any other reason) must meet the standards of the Modifications Catalog.

In addition, where the standard is less stringent than ADAAG, we have used those MAAB dimensions so that people who have complied with in the past need not undertake modifications to meet new standards. However, when ADAAG addresses an element, which is new, or provides a significant improvement, we have added that to the survey forms and the Measurement Guides.

The table below lists the exceptions to new construction standards, which we have made for purposes of surveying. It specifies both the ANSMHAS (existing building) standards and the ADAAG (new construction and renovation) for each survey component where they differ.

<b>Survey Form Component</b>	<b>New Constructions Dimensions</b>	<b>Code</b>	<b>Existing Building Dimensions</b>	<b>Source</b>
Parking	Minimum access aisle 5 feet	ADAAG	Minimum access aisle 4 feet	MAAB
Drop-off	Minimum access aisle 5 feet	ADAAG	Minimum access aisle 4 feet	UFAS, ANSI
Pathways	Minimum width 4 feet	MAAB	Minimum width 3 feet	ADAAG
Curb cuts	Minimum slope 1:12	ADAAG, MAAB	Minimum slope 1:8	UFAS, ANSI
	Flared sides only	MAAB	Flared or returned sides	ADAAG

## Code References, continued

<b>Survey Form Component</b>	<b>New Constructions Dimensions</b>	<b>Code</b>	<b>Existing Building Dimensions</b>	<b>Source</b>
Ramps	Minimum slope 1: 12	ADAAG, MAAB	Minimum slope 1: 10 (if less than 5 foot run)	UFAS, ANSI
	Maximum run 30' without landing	ADAAG	Maximum run 32' without landing	MAA.B
	Level platform 5' by 5' at change of direction	ADAAG	Level platform 4' by 4' at change of direction	MAAB
	Minimum width 4 feet between rails		Minimum width 3 feet between rails	ADAAG
Stairs	Railing height 34 inches	MAAB	Railing height between 34 and 38 inches	ADAAG
	Handrail diameter between 1-1/4" and 1-1/2"	ADAAG	Handrail diameter between 1- 1/4" and 2"	
Doors	Clear width 34 inches	MAAB	Clear width 32 inches	ADAAG
	Opening pressure max. 5 lbs	ADAAG	Opening pressure max. 7 lbs	MAAB
	Latch pull side 18 inches, Latch push side 12 inches	ADAAG	Latch pull side 18 inches and push side not included	
Thresholds	No interior thresholds	ADAAG	Interior thresholds max. 1/2 inch high, beveled	UFAS, ANSI
Elevator	Cab size min. 68" x 51"	ADAAG	Cab size min. 48" x 48"	LTFAS, ANSI
	Door stays open min. 20 sec.	ADAAG	Door stays open min. 6 sec.	MAAB
Shower	Minimum 3 feet x 5 feet	MAAB	Minimum 3 feet x 3 feet	UFAS, ANSI
Sinks	Max. height 34" and min. knee space 29" high	ADAAG	Max. height 32" and min. knee space 27" high	MAAB
Grab bars	Max. 33"-36" above floor	ADAAG, MAAB	At 30" above floor	Previous MAAB

UFAS = Uniform Federal Accessibility Standards

ANSI = American National Standards Institute AI 17.1-1986

## Minor Structural Changes

Minor structural solutions are relatively inexpensive and should be implemented immediately by the facility's maintenance staff. The list below contains a wide range of recommended actions based on ADAAG and MAAB standards as well as current research on accessibility needs of people with disabilities.

Component	Accessibility Criteria	Code	Action	Cost
Curb Cut	Painted yellow	MAAB	Paint yellow	Maintenance
Uncurbed Intersection	Painted yellow	MAAB	Paint yellow	Maintenance
Flooring	Carpet securely anchored	ADAAG, MAAB	Nail down at edges	Maintenance
	Doormats anchored at all edges	MAAB	Nail down at edges	Maintenance
	Edge strip at change in materials	MAAB	Install edge strip	\$2/linear foot
	Openings in grates less than 1/2' wide & perpendicular to route of travel	ADAAG	Replace grate	\$300/grate
	Level changes between 1/4" and 1/2" to be beveled with slope 1:2	ADAAG	Bevel level changes	Maintenance
Stairs	Non-slip treads	ADAAG,MAAB	Add rubber treads	\$10/tread
Toilets & Bathrooms	Pull device (handle near hinge side of door, used to pull it shut) on door	ADAAG,MAAB	Install pull device	\$50/pull device
	Coat hook 48" to 54" above floor	ADAAG, MAAB	Add/relocate coat hook	\$50/coat hook
	Pipes below sink insulated	ADAAG	Wrap pipes with insulating material	\$15/sink
	Non-slip tub surface	MAAB	Add non-slip tub mat	\$10/mat
Kitchens	Cabinet handles located at top of base cabinets/bottom of wall cabinets	MAAE	Add/relocate handles	\$50/handle
Storage	Shelving within 9" to 54" for parallel approach and 15" to 48" for forward approach	ADAAG	Relocate shelving	Maintenance
Bedrooms	Pull device on inside of door	Recommended	Install pull device	\$50/pull device



# EXECUTIVE OFFICE HEALTH AND HUMAN SERVICES

## GLOSSARY OF TERMS

This Glossary is intended to serve as a tool which will assist you in understanding the Affirmative Action and Programmatic Access, ADA Title I and Title II documents sent to you as part of the process of entering into contracts with the Commonwealth. It is not intended to serve as a complete guide to your duties and responsibilities under that contract or the law.

**AAB (ARCHITECTURAL ACCESS BOARD):** Federal entity charged with establishing architectural standards to comply with accessibility guidelines.

**ACCESS:** Freedom of approach or communication, or the means, power, or opportunity of approaching, communicating, or passing to and from.

**ACCESS BARRIER:** An obstruction to, or lack of communication to, access. An obstacle, such as stairs for an individual who uses a wheelchair, print sign for an individual who is blind, voice message to a deaf individual, to the participation of an individual with a disability in a program, activity or service.

**ACCESS ROUTE:** The route within the program location which is free of access barriers.

**ACCESSIBLE:** Absent of access barriers. Easily approached or entered. Describes a site, building or portion thereof that complies with ADA guidelines. (When the term "accessible" is used, it refers to physical and communication accessibility.)

**ACCESSIBLE ROUTE:** A continuous, unobstructed path connecting all accessible elements and spaces of a building or facility. Interior accessible routes may include corridors, floors, ramps, elevators, lifts, and clear floor spaces at fixtures. Exterior accessible routes may include parking access aisles, curb ramps, crosswalks at vehicular ways, walks, ramps, and lifts.

**ADA see AMERICANS WITH DISABILITIES ACT**

**ADA MANAGER see PROGRAMMATIC ACCESS MANAGER**

**ADAAG:** Americans with Disabilities Act Accessibility Guidelines for Buildings and Facilities, design standards for new construction or alterations.

**ADVERSE IMPACT (EFFECT):** When certain personnel or program eligibility policies (e.g., word-of-mouth recruiting, diploma requirements, intelligence tests, minimum height requirements, disproportionate terminations or layoffs) that have the effect of denying employment, advancement or services to PROTECTED CLASS MEMBERS.

**ADVERSE TREATMENT:** An action that would in any way deprive an individual of employment, educational opportunity or services which they were otherwise eligible to receive or negatively affect his or her status.

**AFFIRMATIVE ACTION:** The development of a program through which an employer acts to affirm the contributions that a diverse workforce can bring to a work environment. This is accomplished by taking specific steps to identify, recruit, hire and/or develop for advancement, persons who are identified as part of specific protected classes. Thus, an employer demonstrates its willingness to remedy past acts of discrimination against specific groups by developing goals and timetables, and mechanisms through which success is measured, with an ultimate goal of achieving a diverse work force.

**AFFIRMATIVE ACTION MANAGER:** A highly placed individual within the organization who has the authority and responsibility to implement the organization's Affirmative Action/Equal Opportunity Plan.

**ALARM see SIGNALLING DEVICE**

**ALTERATION:** A change to a building or program location made by, on behalf of, or for the use of a public accommodation or commercial facility, that affects or could affect the usability of the building or parts thereof.

**ALTERNATIVE FORMAT:** The provision of information through media other than conventional printed materials, such as large print, braille, audio tape...

**AMERICANS WITH DISABILITIES ACT (ADA) Public Law 101-336:** Legislation that gives civil rights protections to individuals with disabilities similar to those provided to individuals on the basis of race, sex, national origin and religion. It guarantees equal opportunity for individuals with disabilities in public accommodations, employment, transportation, state and local government services and telecommunication.

**AMPLIFIED TELEPHONE:** A telephone which is equipped with a sound amplification device, such as an amplified handset or a free standing amplifier, which increases the electrical signal being received or sent out, thereby enhancing hearing.

**ANCESTRY see NATIONAL ORIGIN**

**ASSISTIVE DEVICE:** Any tool that enhances access for an individual with a disability, such as speech synthesizers, amplifiers, readers...

**ASSISTIVE LISTENING DEVICE:** A device that enhances hearing, such as a personal system which can be used for listening to television, attending meetings with speakers and round-table discussions. Group assistive listening systems provide listening for groups or certain individuals in groups (ex: audio loop).

**ASSISTIVE LISTENING SYSTEM see ASSISTIVE LISTENING DEVICE**

**AUDIO LOOP:** An assistive listening system consisting of a continuous length of wire that acts as an antenna for an audio receiver system to which individual receivers can be attached. Used in conference, classroom settings by individuals who are hard of hearing.

**AUXILIARY AIDS AND SERVICES:** A wide range of services and devices for ensuring effective communication. It includes effective methods of making aurally and visually delivered materials available to persons with disabilities, such as hearing or visual impairments, such as qualified interpreters, note takers, computer aided transcription services, written materials, assistive listening devices, TTY's/TTD's, taped texts, brailled materials and large print.

**AVAILABILITY:** The presence of protected class members "ready, willing and able to work" used in setting goals and determining UNDERUTILIZATION and PARITY.

**BEDSHAKER:** A small, portable signalling device placed between the mattress and bed foundation or box springs or even under a pillow, which vibrates and alerts the deaf/hard of hearing individual in lieu of an alarm clock or fire alarm, provided it is properly connected to a clock or receiver.

**BRaille:** A reading method for the blind predicated on the use of a six dot cell, using the dots in various combinations. Also, a code using short form words, letter combination abbreviations, special signs to indicate capitalization and other punctuation. To be read by touch.

**COMPLIANCE:** The degree to which an employer carries out the mandatory AFFIRMATIVE ACTION PLAN or non-discrimination clause in its contracts.

**COMPLIANCE REVIEW:** Routine review of the employment practices of an employer by an agency.

**COMMUNICATION ACCESSIBILITY:** Refers to the personal and public use of special assistive technology, specialized services, and environmental modifications to enable persons with disabilities to exchange information, safety and emergency signals and messages, and all other communications which are available to non-disabled people in schools, in public workplaces, in the home, in the community, government activities, via telecommunication systems and TV media, and in human service systems.

**COMPUTER AIDED TRANSCRIPTION SERVICES:** A process that translates stenotype shorthand into English, which is simultaneously displayed in a video screen or projected on the wall. (Changes spoken communication into a visual format.)

**CONTRACTING STATE AGENCY:** Any Executive Office, Board, Commission, Department or Division of the Commonwealth of Massachusetts which is authorized to procure services under the General Laws of the Commonwealth and which is party to a service contract(s).

**CONTRACTING STATE AGENCY AFFIRMATIVE ACTION/ EQUAL OPPORTUNITY MANAGER:** The person responsible for implementing her/his agency's Affirmative Action/Equal Opportunity obligations as they pertain to specific contracted services. These obligations can include but are not limited to participation in all aspects of the Request for Proposal process and monitoring of the Provider's Affirmative Action/Equal Opportunity Plan.

**DEPARTMENT OF JUSTICE, CIVIL RIGHTS DIVISION, OFFICE OF THE AMERICANS WITH DISABILITIES ACT (DOJ):** The federal agency with overall responsibility for enforcement of the ADA, investigating complaints and providing technical assistance on the ADA.

**DESCRIPTIVE VIDEO SERVICE:** The enhancement of a television program or movie with audio descriptions of costumes, scene information and actions not readily perceived by simply listening to the audio. Descriptions are done so that they do not interfere with the program itself. (see SEPARATE AUDIO PROGRAM)

**DISABILITY:** A physical or mental impairment that substantially limits one or more of the major life activities. (ADA)

**DISABLED VETERAN:** A person entitled to compensation under laws administered by the Veterans Administration, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

**DISCRIMINATION:** Illegal treatment of a person or group (either intentional or unintentional) based on race, color, creed, religion, ancestry, national origin, age, disability, sex, marital status, sexual orientation.

**DIVERSITY:** The inclusion, integration, awareness and appreciation of various cultures within a workforce and the opportunity for the maximum utilization of individual members' talents, skills and perspectives with a view towards increasing the organization's productivity.

**DOJ** see **DEPARTMENT OF JUSTICE**

**EQUAL OPPORTUNITY:** An organization's effort to ensure that all personnel and service provision programs, policies and practices will be formulated and conducted in a manner which will ensure equal access for all people and prevent discrimination. As part of this effort organizations will ensure that employment and service provision policies will be based solely on the individual eligibility, merit or fitness of applicants, employees and recipients of services for jobs and services without regard to race, color, creed, religion, ancestry, national origin, age, disability, sex, marital status, sexual orientation

**EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC):** Independent federal agency created by Title VII of the Civil Rights Act of 1964. Responsible for administering Title VII, EEOC may bring suit, subpoena witnesses, issue guidelines which have the force of law, render decisions, provide technical assistance to complainants and others. The EEOC, which does not conduct routine compliance reviews, investigates complaints of discrimination in employment and finding probable cause attempts to achieve conciliation agreements and may bring a failed conciliation to court of law.

**GOALS:** A numerical objective, fixed realistically, in terms of the number of vacancies expected, and the number of qualified applicants available in the job market.

**GOOD FAITH EFFORTS:** A term used to describe documented, honest attempts to reach affirmative action goals.

**HAVING A RECORD OF SUCH AN IMPAIRMENT:** Having a history of, or having been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.

**INDIVIDUAL WITH A DISABILITY:** A person who has a physical or mental impairment that substantially limits one or more of her/his major life activities; is regarded as having such an impairment; or has a record of such an impairment.

**JOB CATEGORIES:** The grouping of job titles by related responsibilities and functions:

**OFFICIAL/ADMINISTRATOR:** Occupations in which employees set policies, exercise responsibility for these policies, department heads, controllers or kindred workers.

**PROFESSIONAL:** Occupations requiring specific knowledge usually acquired through college training i.e. social workers, doctors, accountants, registered nurses, teachers and kindred workers.

**TECHNICIAN:** Occupations requiring a combination of basic scientific or technical knowledge obtained through specialized post-secondary school education or on-the-job training such as computer operator or programmers, LPN's, medical or dental technicians, draftsmen and kindred workers.

**PROTECTIVE SERVICE:** Occupations in which workers are entrusted with public safety or security, i.e., guards, fire fighters, correctional officers and kindred workers.

**PARA-PROFESSIONAL:** Occupations in which workers perform some of the duties of a professional or technician in a supportive role, which usually require less formal training. Positions such as research assistants, medical aids, recreation assistants, home health aids and kindred workers.

**OFFICE AND CLERICAL:** Occupations in which workers are responsible for internal and external communication, recording data or information and other paperwork required in an office. Includes bookkeepers, messengers, clerk-typists, payroll clerk and kindred workers.

**SKILLED CRAFT:** Occupations requiring special manual skill and a thorough and comprehensive knowledge of the processes involved in the work, acquired through apprenticeship or other formal training programs, mechanics and repairmen, electricians, carpenters, typesetters and kindred workers.

**SERVICE MAINTENANCE:** Occupations which result in or contribute to the comfort, convenience, hygiene or safety of the general public or which contributes to the upkeep and care of buildings, or grounds of public property includes chauffeurs, laundry operatives, custodial personnel and construction laborers.

**LABOR MARKET AREA:** The geographical area in which an applicant can reasonably recruit persons for employment. The "labor market area" will generally be the Statistical Metropolitan Area for which census and other employment data is available.

**LABOR FORCE PARITY** see **WORKFORCE PARITY**

**LARGE PRINT:** Any print that is 14 point type or larger.

**MAAG:** Massachusetts Architectural Access Guidelines.

**MAJOR LIFE ACTIVITY:** One of many functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, thinking, speaking, breathing, learning and working.

**MASSACHUSETTS COMMISSION AGAINST DISCRIMINATION (MCAD):** The state agency charged with responsibility for enforcing Federal and State Civil Rights Laws. It investigates and decides cases of discrimination in the areas of employment, housing, public accommodations, credit, services and education. It also promulgates rules and regulations and monitors and assists businesses and governments in their Civil Rights compliance efforts.

**MASSACHUSETTS OFFICE ON DISABILITY (MOD):** The state agency charged with the responsibility to identify, analyze, evaluate and monitor public policies, programs, services and regulations; make recommendations and provide comprehensive coordination and support to state and local agencies, departments and organizations; and to strive for the advancement of legal rights for persons with disabilities and the enforcement of Federal and State Civil Rights Laws as they affect or may affect persons with disabilities; and the promotion of the maximum possible opportunities, supportive services, accommodations and accessibility, in a manner which fosters dignity and self-determination to bring: about full and equal participation in all aspects of life by all persons with disabilities in the Commonwealth.

**MINORITY:** Any individual from the following racial and/or national or ethnic groups:

**BLACK:** Having origins in any of the Black racial groups of Africa or the Cape Verde Islands.

**HISPANIC (LATINO/A):** Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

**ASIAN OR PACIFIC ISLANDER:** Having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.

**NATIVE AMERICAN:** Having origins in any of the original peoples of North America, and maintaining cultural identification through tribal affiliations or community recognition.

**MOD** see **MASSACHUSETTS OFFICE ON DISABILITY**

**NEPOTISM:** The practice of showing favoritism to relatives or close friends of other employees over other applicants applying for positions.

**NEW ENGLAND TDD RELAY SERVICE** see **TELECOMMUNICATION RELAY SERVICE**

**NON-EXEMPT EMPLOYEES:** Employees that are covered by minimum wage and overtime provisions of the Fair Labor Standard Act (Wage and Hour Law).

**OCR** see **OFFICE FOR CIVIL RIGHTS**

**OFFICE FOR CIVIL RIGHTS (OCR):** Office within each federal Department with jurisdiction over any entity receiving federal assistance from a federal agency enforcing regulations prohibiting discrimination because of sex, race, color national origin (including persons with limited English proficiency), disability or religion. OCR enforces these regulations through complaint investigations, compliance reviews, pre-grant reviews and Voluntary Compliance outreach. OCR enforces prohibition of discrimination against persons with disabilities through Section 504 of the Rehabilitation Act of 1973 and Title II of the ADA, Public Services, including all activities of state and local governments relating to health and human services.

**PARITY:** Equality. The ultimate goal of affirmative action programming is to achieve "parity" in a work force with an external workforce.

**PERSON WITH A DISABILITY** see **INDIVIDUAL WITH A DISABILITY**

**PHYSICAL OR MENTAL IMPAIRMENT:** A condition, such as contagious and non-contagious diseases and conditions such as orthopaedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, learning disabilities, HIV disease, tuberculosis, drug addiction, alcoholism, that substantially limits one or more major life activities, such as thinking, walking, speaking, hearing, seeing, working, learning, breathing.

**PRINCIPAL PURCHASING AGENCY (PPA):** The Agency which, at the time of execution of a Service Agreement, has contracted for the largest aggregate amount of state service contract obligations with the Provider.

**PRINCIPAL PURCHASING AGENCY AFFIRMATIVE ACTION/EQUAL OPPORTUNITY MANAGER (PPA AA/EO Manager):** The person responsible for monitoring, reviewing and approving the Provider's overall Affirmative Action/Equal Opportunity/Programmatic Access Plan.

**PROGRAM ACCESSIBILITY:** Operating programs and activities so, when viewed in their entirety, they are readily accessible to and usable by individuals with disabilities. No qualified individual with a disability may be excluded from participation in, or be denied the benefits of the services, programs or activities because of an access barrier.

**PROGRAMMATIC ACCESS MANAGER:** A highly placed member of the Provider organization's staff with the responsibility for ensuring that there is non-discrimination and equal opportunity in the provision of services under contracts with the Commonwealth.

**PROTECTED CLASS:** Legally identified groups that are specifically protected by statute against discrimination. Protected class status is automatically conferred upon recognized minority group members, females, individuals with disabilities, etc., by the law. These are the same individuals who should be covered by the Provider's Affirmative Action/Equal Opportunity and Programmatic Access Plan.

**QUALIFIED INDIVIDUAL:** A person who meets legally valid, predetermined and announced eligibility requirements.

**QUALIFIED INDIVIDUAL WITH A DISABILITY:** A person with a disability who, with or without reasonable modifications to rules, policies, practices and/or facilities, who meets legally valid, pre-determined and announced eligibility requirements and who is capable of performing the essential functions of a job.

**QUALIFIED INTERPRETER:** An interpreter who is able to interpret effectively, accurately and impartially both receptively and expressively, using any necessary, specialized vocabulary. (ADA)

**RACE:** One of the major sub-divisions of humankind, regarded as having a common origin and exhibiting a relatively constant set of physical traits.

**READILY ACCESSIBLE TO AND USABLE BY:** When a program, service or activity is no harder to get to and use by an individual with a disability than it would be for anyone else.

**READILY ACHIEVABLE:** Easily accomplishable and able to be carried out without much difficulty or expense. (ADA)

**REASONABLE ACCOMMODATION:** The modification of environments, policies, programs, schedules, requirements and/or facilities to adapt to the needs and abilities of an individual with disabilities, unless it would impose undue hardship. Reasonable accommodation may include building ramps, setting up TDD telephone lines, acquiring, providing auxiliary aids or services (like amplification equipment, sign language interpreters, qualified readers, a talking computer) or modifying existing equipment and providing job restructuring, modification of work schedules, reassignments of employees and/or clients.

**REGARDED AS HAVING A DISABILITY:** If a person is treated as having a disability, or if a person has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others towards such impairment, then that person is considered to have a disability.

**REHABILITATION ACT OF 1973:** An act of Congress creating civil rights protections for persons with disabilities in federal programs.

**RELAY-SYSTEM:** A 1-800 telephone service offered by the New England Telephone Company which enables a hearing person to speak to a deaf/hard of hearing person without a TTY/TDD. (1-800-439-2370)

**REMEDY:** Whatever is required to "make the charging party whole," that is, whatever would have (or would not have) happened, had a violation not occurred, or, where that is not possible, money to compensate the charging party.

**SECTION 504 OF THE REHABILITATION ACT OF 1973:** Section of the Act creating civil rights protections for persons with disabilities in programs receiving federal assistance.

**SECTION 504 COORDINATOR** see **PROGRAMMATIC ACCESS MANAGER**

**SELECTION PROCEDURES:** Refers to the process for choosing the successful applicant for employment or advancement or for admission to a program.

**SEPARATE AUDIO PROGRAM (SAP):** A device built into televisions manufactured after 1987 which permits access to a separate audio track which includes descriptive narrative along with the program's original dialogue. Utilized by individuals who are blind or visually impaired. (see **DESCRIPTIVE VIDEO SYSTEM**)

**SERVICE PROVISION (DELIVERY OF SERVICES):** The basic role of the Provider. This includes all interactions of any kind with current, past or potential clients. It includes any and all aspects of a program operated by the Provider (or a sub-contractor) for which the Provider receives remuneration under a contract with the Commonwealth.

**SEXUAL HARASSMENT:** Sexual advances, requests for sexual favors, or verbal or physical conduct of a sexual nature which creates a hostile, humiliating or offensive work environment, which materially interferes with the employee's ability to perform the job; submission to, or rejection of, sexual advances or requests for sexual favors which form the basis of an employment decision.

**SEXUAL ORIENTATION:** Having an orientation for, or being identified as having an orientation for heterosexuality, bisexuality or homosexuality.

**SIGNALLING DEVICE:** A device equipped with a flashing light (Visual), an audio message (Audio), or movement (Motion), or a combination of these, which serves to alert individuals with disabilities of fire, doorbell, telephone and emergency. Could also include a bedshaker and strobe light for the bedroom and living room in lieu of telephone or doorbell ringing.

**SOAA** see **STATE OFFICE OF AFFIRMATIVE ACTION**

**STANDARD METROPOLITAN STATISTICAL AREA (SMSA):** An enumeration district designated by the Federal Office of Management and Budget (OMB) for statistical purposes.

**STATE OFFICE OF AFFIRMATIVE ACTION (SOAA):** The state agency established by Executive Order 227 under the Executive Office of Administration and Finance to ensure Commonwealth compliance with State and Federal Affirmative Action Laws. It develops, implements and enforces the Commonwealth's affirmative action policies in order to ensure employment and contractual opportunities for people of color, women, certified Vietnam-era veterans and persons with disabilities. Its oversight responsibilities extend to all secretariats and their respective agencies and commissions within the Executive Branch of state government and include state government's external vendors.

**TAPE:** Print material read onto audio cassette tapes by sighted readers to be used by blind and visually impaired individuals who cannot access print.

**TELECOMMUNICATIONS RELAY SERVICE:** Telephone transmission services that provide the ability for an individual who has a hearing or speech impairment to engage in communication by wire or radio with a hearing individual in a manner that is functionally equivalent to the ability of an individual who does not have a hearing or speech impairment to communicate using voice communication services by wire or radio. Such terms include services that enable two-way communication between an individual who uses a TDD or other non-voice terminal device and an individual who does not use such a device.

**TELEVISION CAPTION DECODER:** A unit, similar to a cable converter box, that is designed to decode a signal which allows captions that are easily visible - usually white letters against a black background - and appear at the bottom of television screens. NOTE: All televisions 13" or larger manufactured on or after July 1, 1993 must include a computer chip that performs the same function as that of a decoder unit.

**TIMETABLE:** The time frame set for attaining measurable GOALS in an affirmative action program.

**TRANSITION PLAN:** An action plan that sets forth necessary steps to complete structural changes to facilities.

**TTY/TDD:** A telecommunication device for the deaf, consisting of a machine that employs graphic communication in the transmission of coded signals through a wire or radio communication system.

**UFAS:** Uniform Federal Accessibility Standards for new construction and alterations.

**UFR PROGRAM NUMBER:** Unique two digit program number used for audit trail purposes appearing on the Uniform Financial Report cover page and the Contract Program Form. (See Contract Budget Form Instructions for details.)

**UNDERUTILIZATION:** Having fewer protected class members in a particular job classification than would reasonably be expected by their availability in the workforce or recruitment area.

**UNDUE BURDEN:** See Undue Hardship.

**UNDUE FINANCIAL OR ADMINISTRATIVE BURDEN:** A defense available to a state or an entity operating a program, service or activity for that state which relieves it of responsibility for a failure to provide access when the modification needed to provide access would fundamentally alter the program, service or activity in question or would be so costly that it would exceed its resources.

**UNDUE HARDSHIP:** Significant difficulty or expense when considering the nature and cost of the accommodation, the overall financial resources of the organization, number and type of employees and facilities and the type of operations of the organization. (ADA & 504)

**UNLAWFUL EMPLOYMENT PRACTICE:** Any policy or practice that has a discriminatory intent or effect.

**UTILIZATION ANALYSIS:** An analysis conducted by an employer to determine whether protected class members are employed in the major job categories.

**VIETNAM ERA VETERAN:** A person who served on active duty for a period of more than 90 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was honorably discharged or released therefrom. Executive Order 235 defines Vietnam Era Veterans and the State's commitment to a program to promote their welfare in this state.

**WORKFORCE:** The total number of persons employed.

**WORKFORCE ANALYSIS:** A detailed listing, by department or other organizational unit, of job classifications.

**WORKFORCE PARITY:** The percentage of protected class members in the local labor force.

## SOURCES OF DISABILITY RIGHTS INFORMATION

**Note:** *Addresses, telephone numbers and other information appearing below may no longer be current. Current information (and e-mail addresses) for each agency can readily be obtained through the use of Internet search engines.*

**The Attorney General of the United States** has the overall responsibility for coordinating implementation of the Americans with Disabilities Act. **U.S. Department of Justice Civil Rights Division.** ADA Information Line Mon-Fri 11:00 am - 5:00 pm. P.O. Box 66118, Washington, D.C. 20035-6118. (202) 514-0301 (voice) (202) 514-0381 or (202) 514-0383 (TDD)

**The US Equal Employment Opportunities Commission** is responsible for enforcing ADA employment requirements. For complaints about employment discrimination call: **Equal Employment Opportunities Commission Region I** (617) 565-3200 or 1-800-872-3362, 565-3204 (TDD) For requests for information call: (800)699-4000 (voice), (800)669-3302 (TDD)

**The US Department of Justice** is responsible for enforcing ADA Title II and Title III standards. For complaints about violations of Titles II and III and requests for information call: (800) 514-0301 (voice), (800) 514-0383 (TDD)

**The Massachusetts Commission Against Discrimination** is the state agency that enforces general anti-discrimination laws, including state laws that specifically protect individuals with disabilities in employment and public accommodations. In addition, it enforces Fair Housing laws which protect individuals with disabilities from discrimination. **Massachusetts Commission Against Discrimination**, One Ashburton Place, Room 601, Boston, MA 02108 (617) 727-3990 (Voice or dial extension 204 for TDD)

**The Civil Rights Division of the Massachusetts Department of the Attorney General** will send out a complaint form and may provide assistance to groups of people with disabilities who have experienced discrimination in public accommodations or services. Write or call for form. **Civil Rights Division, Department of the Attorney General**, One Ashburton Place, Boston, MA 02108 (617) 727-2200 (voice) 727-0434 (TDD)

**The Massachusetts Office on Disability** is the lead state agency for ADA information and technical assistance regarding state and local government services, facilities, programs and public transportation. **Massachusetts Office on Disability**, One Ashburton Place, Room 1305, Boston, MA 02108 (617) 727-7440 (voice and TDD)

**The Disability Law Center** is a private, nonprofit organization which provides information and legal assistance to people with developmental and other disabilities. **Disability Law Center**, 11 Beacon Street, Suite 925, Boston, MA 02108 (617) 723-8455 (voice and TDD) or 1-800-872-9992 (voice)

**The Massachusetts Rehabilitation Commission** is the state agency that offers employment information and speakers on the ADA. **Massachusetts Rehabilitation Commission**, 27-43 Wormwood Street, Boston, MA 02210. Assistant Commissioner (617) 727-2182 (voice) (617) 204-3762 or 1-800-245-6543. Legal Department (617) 727-2173 (Listed MRC lines are TDD accessible)

**The Massachusetts Commission for the Blind** is the state agency that offers employment and communication information and speakers on the ADA. **Massachusetts Commission for the Blind**, 88 Kingston Street, Boston, MA 02211. (617) 727-5550 (voice) 1-800-392-6556 (TDD)

**The Massachusetts Commission for the Deaf and Hard of Hearing** is the state agency that offers employment and communication information and speakers on the ADA. **Massachusetts Commission for the Deaf and Hard of Hearing**, 210 South Street, Boston, MA 02111. (617) 695-7500 (voice and TDD)

**You can obtain further information, copies of the ADA regulations, and technical assistance manuals from the following:**

o **Title I (Employment)**

**Equal Employment Opportunity Commission**, 1801 L Street, N.W., Washington, DC 20507, 800-669-EEOC; 202-663-399 (TDD)

o **Title II (State and Local Governments)**

**Title III (Public Accommodations)**

**Public Access Section, Civil Rights Division, U.S. Department of Justice**, P.O. Box 66738, Washington, DC 20035-9998, 202-514-0301; 202-5140383 (TDD)

o **Title II/Title III (Transportation)**

**U. S. Department of Transportation**, 400 Seventh Street, S.W., #10424, Washington, DC 20590, 202-366-9306; 202-755-7687 (TDD)